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CLINICAL OBSERVATIONS ON ENDEMIC TYPHUS (BRILL'S DISEASE) IN SOUTHERN UNITED STATES

By KENNETH F. MAXCY, Passed Assistant Surgeon, United States Public Health Service

During the past three years, 209 cases of endemic typhus have been diagnosed and reported in Alabama and Georgia. Many more doubtless occurred, but were undiagnosed or unreported. In 114 cases, more or less complete clinical notes have been obtained—in 41 by personal visits and in the remainder through the cooperation of the attending physicians,[1] who have kindly consented to fill out case history forms. From this material has been derived the clinical description of the disease which is herewith presented.

CLINICAL COURSE

Briefly stated, endemic typhus is a fever lasting two weeks and characterized by a maculo-papular skin eruption and nervous symptoms. The following is a brief account of an extremely mild case. Such a case is likely to escape recognition unless the attending physician is familiar with the clinical syndrome.

Case M 81.—Patient of Dr. C. F. Pearson, Montgomery, Ala.; white, male, age 24, salesman of fruit and produce. On the night of October 19, while returning from an automobile trip, he felt "chilly" and sick. The following day he was "dizzy" and he thinks he had some fever, but was able to go to work. He "dragged himself about" until October 25, when he felt so weak that he remained in bed. He was somewhat nauseated and vomited once or twice. His throat felt sore and he had a slight, hacking cough. He had pains in the back of his head and neck and "ached all over." He was nervous and depressed. No skin eruption was noted by his physician, by himself, or by his wife, who attended him. On the ninth day of his illness a blood examination was made, and the pathologist, on his own initiative, had a Weil-Felix test performed. The serum agglutinated X 19 in a dilution of 1: 640. The white blood cell count was 14,000. When examined on the morning of the tenth day he had a few scattered macules on his body which could with difficulty be distinguished from acne spots and natural blemishes on a dark skin. On the afternoon of the same day, due to rise in body temperature, the eruption came out more definitely and was plainly visible, but was scant and of limited distribution. It had disappeared entirely two days later. His fever at its highest did not exceed 103.5° F.; it declined by

[1] The author desires to express his great indebtedness to Dr. L. C. Havens and Dr. C. N. Leach, of Montgomery, Ala., and to Dr. Victor C. Bassett and Dr. J. R. Bean, of Savannah, Ga., for assistance in collecting these notes, and to the many members of the medical profession of Alabama and Georgia for their contribution to this study.

remissions during the second week and returned to normal on the fourteenth day. On the evening of the thirteenth day he experienced a sudden relief from his distressing subjective sensations. Convalescence was rapid and uneventful.

The following case, which also occurred in Montgomery, illustrates a severe type of infection. It resembles more nearly the description of Old-World epidemic typhus:

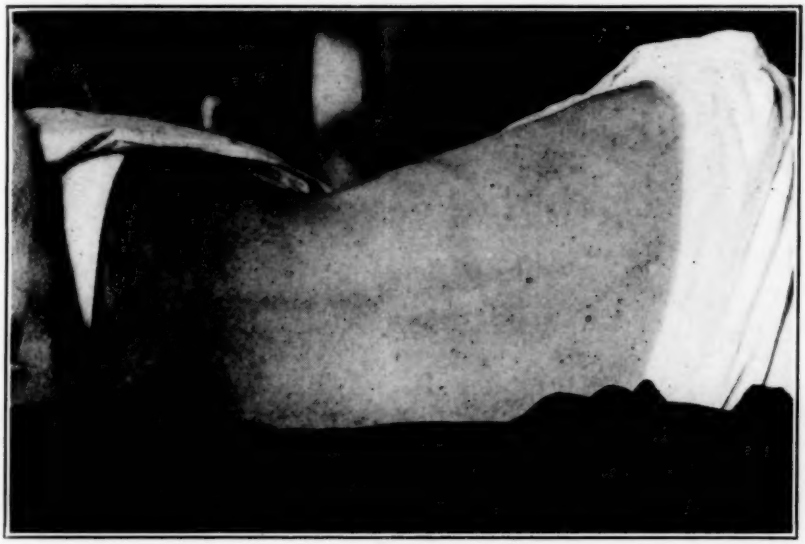
Case M 79.—Patient of Dr. Bernard Mount, Montgomery, Ala.; white, male, age 22, bank clerk. Became ill with chilly sensations and general aching on September 30, and was admitted to the Memorial Hospital on October 3. His fever curve (see accompanying graph) showed a steplike rise as he became increasingly ill. He complained bitterly of headache, muscular soreness, and was extremely uncomfortable. He developed a slight, hacking cough. His conjunctivae became severely congested; photophobia was marked. On the fifth day the characteristic maculo-papular eruption appeared (see illustration), and was soon distributed over the entire body, except the face, palms of the hands, and soles of the feet, where only a few scattered macules were visible. At first drowsy, irritable, and apathetic, his mental condition became progressively worse. Toward the end of the second week he lay in a stuporous condition from which he could be aroused with difficulty. On the seventh and eighth days his sputum showed an admixture of fresh red blood; no signs of pulmonary consolidation could be detected. The fever reached its heighth on the seventh day, was more and more remittent in character, declining abruptly to normal about the fourteenth day. With the disappearance of the fever, the patient remained extremely weak, prostrated, and depressed for a week longer before convalescence was definitely established. Recovery was slow, but there were no complications except slight deafness which cleared up in a few days. White blood cell count on the fourth day was 12,000; Weil-Felix reaction, negative on the fifth day, became positive with a titre of 1 : 1280 on the twelfth day. One of two guinea pigs inoculated on the fourth day, showed a typical typhus response, and the strain has been since used for experimental purposes.

Every gradation in the clinical picture between these two illustrative cases has been seen. This variation can best be brought out by a detailed discussion of the symptomatology.

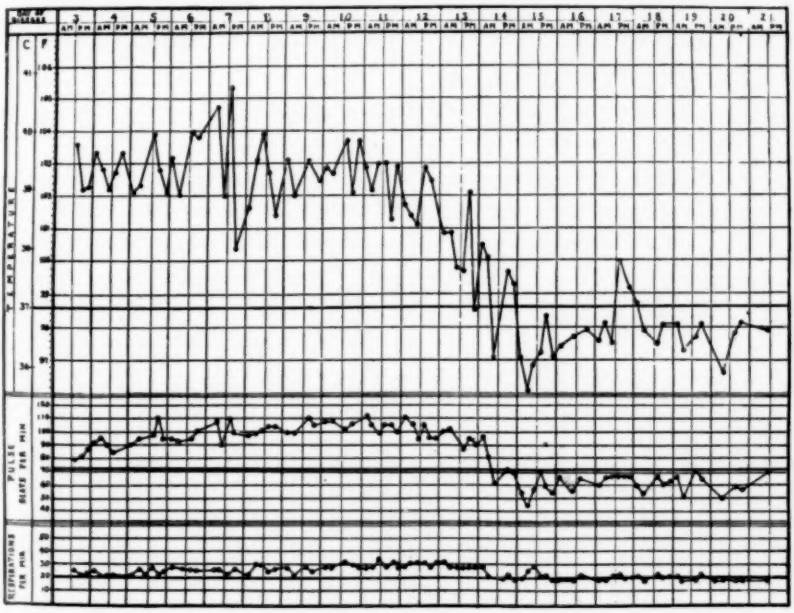
SYMPTOMATOLOGY

Onset.—In a majority of cases (65 per cent) the onset was abrupt, with chills, fever, malaise, headache, and prostration, which brought the patient rapidly to his bed. He was usually sufficiently ill to call a physician within the first two or three days. In a minority of cases the onset was preceded by an indefinite period—one to twelve days or more—during which time the patient had not felt well (prodromata).

Fever.—The temperature rose with steplike progression with remissions, resulting in frank chills or chilly sensations. It reached maximum usually between the fifth and eighth days. Wide daily variations throughout the course were usually recorded. During the second week the remissions approached more and more closely to normal, and the daily rise became less marked. About the fourteenth day the rise failed to occur. The patient experienced rather sudden relief from distressing sensations. The termination was commonly by lysis,



The maculo-papular skin eruption of endemic typhus fever on the eighth day of the disease. Case M 79, Montgomery, Ala.



Fever chart of case M 79, Montgomery, Ala.

though in some instances by a rapid lysis as illustrated in the accompanying fever chart.

One of the most striking features of the disease was its uniform duration of about two weeks. An analysis of 94 cases showed that 36 per cent terminated between the thirteenth and fifteenth days, and 86 per cent between the twelfth and sixteenth days. Four of the 94 cases reached normal about the tenth day (abortive cases), and four complicated cases remained ill 21 days or more.

Eruption.—In 85 cases a definite observation was recorded upon the time when the eruption was first noted. The most frequent time of appearance was about the fifth day. Occasionally spots were detected as early as the second day. In over 90 per cent of instances it appeared before the eighth day. In the few remaining cases in which it was noted later, there was question whether the eruption had really appeared earlier but had not been noticed, or whether prodromal symptoms had been included in calculating the date of onset.

The evolution of the eruption was rapid. At first a few spots were seen here and there, particularly on the abdomen or on the flexor surface of the forearms or about the shoulder anteriorly. Within 24 hours the distribution became general, except in those mild cases in which it remained more or less limited. The face, palms of the hands, and soles of the feet were usually spared; though in the more severe cases a few macules, rarely many, appeared in these locations. Some of the spots were slightly elevated. (In a negro who had the disease I was able to see and feel the elevations before I could make out the definite discoloration.) As the profuseness of the eruption increased, the color changed from a dull red to a darker hue with a purple tinge. At this stage if the skin was blanched locally many of the spots disappeared, but some at least left behind a brownish stain. Sometimes the small spot with a dark center predominated, giving the skin a "fleabitten" appearance; in others only macules were seen. The eruption commonly developed no farther than this, lasting from 48 to 72 hours and disappearing. In the more severe cases (see accompanying illustration) it became quite profuse and many of the spots became definitely petechial in character, reaching maximum intensity in four to six days. As it began to subside, the erythematous spots disappeared first, leaving those which were more definitely hemorrhagic in character. In a majority of instances the skin was clear by the time convalescence was established; though in a few, evidences of the eruption remained for another week or more, being evident particularly after a warm bath.

The chief characteristic of the efflorescence was its *irregularity;* the spots were irregular as regards size, coloration, elevation, outline, and distribution.

In six of the 114 cases the eruption was either not present at all or so fleeting and faint as to escape the notice of the patient, his attendants, and the physician.

Respiratory system.—There was usually some evidence of a mild inflammation of the respiratory tract. More than 90 per cent developed a characteristic short, "hacking" cough. It seldom became sufficiently marked to distress the patient; indeed, it was likely to be unnoticed until attention was directed toward it. In one instance a bloody sputum was brought up on the seventh and eighth days of the disease without detectable pulmonary consolidation. Only two cases in the entire series were complicated by bronchopneumonia.

Cardiovascular-renal.—The distinctive pathology of typhus is based upon acute lesions of the blood vessels, with thrombosis and perivascular accumulations of cells derived from the adventitia and the blood. This is the type of lesion which is responsible for the skin eruption which has been described. Thrombosis of a femoral vein occurred as a complication in one case in this series. Three of the deaths occurred suddenly in young men who did not appear to be particularly ill. Post mortem examination was not obtained, but the nature of the death suggested either a severely damaged myocardium with acute dilatation or the sudden liberation of a thrombus. Albumin and casts are sometimes found in the urine, but not more so than would be expected with any acute infectious disease.

Visceral.—During the onset of the disease there was nearly always some nausea; the patient usually vomited once or twice. In a few cases this nausea persisted and was rather distressing, but in a majority it passed off in a few days and was succeeded by an aversion for food which lasted until convalescence was established. The tongue was heavily coated, with red edges. The breath was offensive.

As a rule, the bowels were constipated, due probably to the limited food intake. In contradistinction to typhoid, the abdomen was flat and scaphoid. In one or two instances severe pain was referred to the abdominal region, suggesting an acute appendix or a cholecystitis.

Localized tenderness was absent, however, except in the region of the spleen, which became palpably enlarged only in a small proportion of cases.

Nervous.—The disease was nearly always ushered in with severe headache. This was so severe at times as to suggest the necessity for lumbar puncture. It was usually referred to the frontal region. Pain in the back of the neck was almost as frequent. Acute pain was often localized in some particular area—the lower back, the abdomen, the calves of the legs, etc. Hyperesthesia was not noted.

Most patients complained of "aching all over," referring to the muscles rather than the joints.

Mental.—In only 12 out of 65 cases in which note was made was the mental condition recorded as unchanged. Of the remaining 53, in 12 the patient was dull or apathetic; in 12 described as "nervous"; in 10 exhibited a combination of dullness with nervousness and irritability; in 4, nervousness with delirium; in 13, dullness with nervousness and delirium; in 2, dullness with delirium.

Thus, there was some degree of delirium at some time during the course of the illness in about 29 per cent of the cases. It varied from "night terrors" to a complete disorientation and confusion, which in one instance lasted for a week after the temperature had returned to normal. The delirium for the most part was associated with high temperatures.

The "nervousness" which was recorded in 60 per cent of the cases was rather characteristic. The patient became irritable, impatient. Noises were extremely disturbing. He tossed about in bed, was unable to find a comfortable position, slept fitfully, had bad dreams by night. He was complaining and querulous. He was unreasonable in his demands upon the family and upon his physician.

Mental dullness was observed in about an equal number of instances. It ranged from a slight apathy, apparent only during the first few days, to a profound depression or stupor which lasted well into convalescence. The patient was commonly depressed and feared a fatal outcome.

Convalescence.—Although the illness lasted but two weeks, the patient was severely prostrated and in a weakened condition at its termination. It was usually another week before he could get out of bed, and a month or two before he could resume work. He was likely to be nervous and depressed for some time. In two instances there was some loss of coordination in the leg movements, which was regained slowly.

Complications.—Complications were notably absent. In the entire series of 114 cases there were only two instances of bronchopneumonia and one case of thrombosis of the femoral vein. In one case which terminated fatally, there was a suppurative parotitis.

Fatality.—During the past three years eight deaths have been attributed to this disease in Alabama and Georgia. It is impossible to give the case fatality rate accurately since the total number of cases which occurred in these two States during this period is unknown, but it was certainly not over 4 per cent and probably nearer 2 per cent. Apparently these patients succumbed on account of a damaged cardiovascular system or because they were bad risks for any infectious disease, rather than because of the severity of the typhus intoxication.

LABORATORY FINDINGS

Omitting reference to laboratory procedures designed to exclude diseases considered in the differential diagnosis, the white blood cell count and the Weil-Felix reaction are of value in establishing and confirming the clinical diagnosis. The former is of value mainly in a negative sense, in that the absence of a marked leucocytosis on the one hand, or a marked leucopenia on the other, often gives the clinician a lead as to the disease with which he is dealing.

The differential and total count were generally within the normal range. In 46 cases [2] in which the total white count was recorded, the results were as follows:

White cells per cubic millimeter	Number of cases
From—	
3,000 to 4,900	3
5,000 to 6,900	7
7,000 to 8,900	20
9,000 to 10,900	6
11,000 to 12,900	7
13,000 to 14,900	2
15,000 and over	1

The specificity of the Weil-Felix reaction [3] for Old World, or epidemic, typhus has become so firmly established that it requires no discussion here. Briefly it is an agglutination reaction similar to the Widal. During the later stages of the disease, the patient's serum, for reasons not clearly understood, develops an ability to agglutinate in high dilution the proteus bacillus X 19. The reaction is not present during the first week, as a rule, and therefore is of value in confirming, rather than in establishing, the diagnosis.

In 89 cases in which a blood specimen was obtained from the patient on the seventh day of the disease or later, 68 or 76, per cent, agglutinated the Weil-Felix organism—proteus X 19, in dilution of 1:100 or more. In eight of the remaining cases the reaction was classed as doubtful, since the agglutination did not occur in dilution greater than 1:80. Of the 13 negative reactions, five were specimens obtained on the seventh, and two on the eighth, day of the disease, too early to demonstrate a reaction late in development.

If a dilution of 1:80 be accepted as specific (and our experience so far [4] indicates this to be a safe criterion when the agglutination is performed by the macroscopic method), and if only those specimens which have been obtained after the eighth day of the disease are considered, then 83 of the 89, or 93 per cent, would have been classed as positive by the Weil-Felix reaction.

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[2] I am indebted to Dr. A. Trumper, of Montgomery, Ala., for many of these counts.

[3] Bengston, Ida: The Weil-Felix Reaction as a Laboratory Test in the Diagnosis of Typhus Fever. Pub. Health Rep., Oct. 31, 1919, vol. 34, pp. 2446-2450.

[4] Havens, L. C.: Report to be published.

DISCUSSION

The clinical course of the disease as it was encountered in the southern United States differs somewhat from that usually described for the epidemic typhus of the Old World and Mexico. It corresponds to the account of "An Acute Infectious Disease of Unknown Origin, etc.," by the late Dr. Nathan Brill in New York City.[5] Realizing that the disease with which he was dealing resembled typhus fever, Brill rejected this diagnosis because of its relative mildness—the absence of severe toxemia, the rare occurrence of grave nervous symptoms, the very low fatality rate—and because of certain epidemiological considerations.

Dr. G. A. Friedman,[6] writing from an extensive experience with typhus in western Russia, asserted that these clinical differences were unimportant. In the Old World, where typhus is sporadic or endemic, the disease manifestations are relatively mild and the case fatality is low, corresponding in all essential respects to the cases described by Brill.

Anderson and Goldberger [7] were successful in infecting guinea pigs from one of Brill's cases, and in subsequent animal passages showed that the virus was identical with that of Mexican typhus in so far as the two strains afforded cross protection to the infected animals. It was then scientifically accepted that "Brill's disease" was mild typhus.

In similar manner, when these cases were encountered in Alabama [8] and Georgia, physicians were loath to believe that they were dealing with typhus fever, among other reasons because of the mildness of the clinical manifestations when compared with the textbook descriptions. It has since been demonstrated that the Weil-Felix reaction is positive in a high percentage of the foregoing cases and that some of the guinea pigs inoculated from a limited number of cases reacted characteristically.[9]

It must be granted, therefore, that this disease in Southern United States is indistinguishable clinically from mild typhus. So far as observed, the low mortality accompanying its endemic prevalence in this country appears to be a fixed characteristic; the wide variations in mortality observed in countries where typhus at times becomes epidemic have not been manifest. The laboratory evidence at present available testifies to the identity or very close relationship of the etiologic virus with that of Old World typhus.

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[5] Brill, Nathan E.: Amer. Jour. Med. Sci., April, 1910, vol. cxxxix, pp. 484–502.

[6] Friedman, G. A.: Brill's Symptom-Complex; Typhus Fever; Manchurian Typhus. Arch. Int. Med., 1911, vol. viii, pp. 427–439.

[7] Anderson, J. F. and Goldberger, Jos.: The Relation of So-Called Brill's Disease to Typhus Fever. Pub. Health Rep., Feb. 2, 1912, vol. 39, p. 149.

[8] Maxcy, K. F., and Havens, L. C.: A Series of Cases Giving a Positive Weil-Felix Reaction. Am. Jour. Trop. Med., Nov. 1923, vol. 3, pp. 495–507.

[9] Report to be published.

On the other hand, the epidemiology of the disease observed in Southern United States [10] presents certain differences from that of Old World typhus which suggest that the mode of transmission may not be the same—that there may be some mode other than direct transmission from man to man by means of the bite of a louse.

SUMMARY

A clinical description of endemic typhus (Brill's disease) based upon 114 cases observed in the southern United States has been presented.

DESTROYING ENGORGED ANOPHELES AS A MALARIA CONTROL MEASURE

By J. A. LePrince, Senior Sanitary Engineer, United States Public Health Service

The value and importance of applying emergency malaria-control measures has been stressed by Fricks (1), Gorgas (2), Howard (3), LePrince (4), Orenstein (5), Ross (6), and others, and again recently in the Report of the International Congress on Malaria at Rome, Italy.

The field workers of the United States Public Health Service have been studying the application of malaria-control measures since 1914, and in malarious localities they find the greatest prevalence among the farm-tenant classes, many of whom are relatively poor, and malaria is not infrequently a contributing cause to their poverty. If a control measure can be devised and applied that will not necessitate any investment of capital until such time as these tenants are better able physically to carry on their daily tasks, it will be in every way advantageous to them.

Although much publicity has been given to matters pertaining to malaria control, it is not uncommon for communities and even health workers to start malaria-control campaigns before studying the nature of the local problem. Not infrequently those who are assigned the task of supervising the field measures have had but little previous field experience, or may be unaware of special measures which were developed and applied years ago, which, if modified, might be very well suited to the conditions surrounding the new undertaking. As a result, methods that are less satisfactory, more expensive, unsuited to the problem, or doomed to failure may be adopted with unfortunate results. Such procedure has a tendency to give the neighboring public a fixed impression that all mosquito-control measures are expensive and of doubtful value.

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[10] Report to be published.

Throughout the malarious districts of this and other countries are suburban sections of rapidly growing towns, farming settlements, industrial-plant villages, construction camps, and other groups of homes that have been located in sections particularly favorable for propagation of malaria-bearing mosquitoes, although non-*Anopheles* producing areas may exist near by. Such errors of selection of location are even yet common, and create conditions that may require emergency mosquito-control measures.

It is particularly important that this subject should be better understood and more widely known by those directing the development of industries or natural resources, and even more so by those connected with the establishing of military or naval camps. Naval, military, engineering, and technical schools can advantageously give this subject the attention it deserves and thereby reduce serious losses that may otherwise occur.

Temporary emergency measures are not as satisfactory as permanent mosquito eradicative measures; yet at times they are an excellent substitute and can often be made of decided importance in opening up new territory, in engineering construction operations, in colonization, in developing agricultural lands in malarial territory, and in naval and military campaigns. A large economic loss is continually going on for the lack of their application.

In districts of relatively high *Anopheles* prevalence where construction operations or other activities are to be undertaken, laborers or settlers are attracted, and among these people may be sufficient malaria carriers to create conditions favorable to a serious outbreak of malaria. Conditions may or may not be favorable for the control of malaria carriers by means of quinine treatment. In nearly all cases, however, the people will be friendly toward any reasonable action that will reduce or destroy the mosquitoes that annoy them.

Where a large portion of the new arrivals come from nonmalarious territory and mix freely with the malaria carriers in the presence of *Anopheles*, an emergency situation may arise. In very few similar situations are precautionary operations against *Anopheles* production undertaken sufficiently far in advance. They certainly were not at the Panama Canal, nor more recently when we located our military cantonments in the most malarious sections of the South.

It is not unusual for the best plans for permanent *Anopheles* eradicative measures sometimes to fail temporarily and thus create conditions requiring prompt application of auxiliary malaria-control measures. Among such causes might be mentioned the following:

(1) A reduction of working appropriations.
(2) A shortage of larvicides.
(3) A shortage of screen.
(4) A shortage of quinine.

(5) A supervising official not in sympathy with antimosquito work.
(6) A change of directing officials.
(7) Man-made changes of topography.
(8) Influx of people from highly malarious districts.
(9) An unusual rainy period or season.
(10) Natural changes of topography.
(11) Sudden and unforeseen appearance of aquatic plants in quantity in bodies of water; wind-driven flotage on (tidal) fresh-water rivers, such as large rafts of eel grass; stream-borne flotage on lakes or from highlands to rivers affected by tides.
(12) Unexpected reduction of natural mosquito enemies due to unusual season or other causes.

During the construction of the Panama Canal frequent emergency conditions arose or were unnecessarily created which are described in "Mosquito Control in Panama" (4). We can expect similar and also new unexpected conditions and problems to arise with other species of *Anopheles*, and they must be solved locally by sanitarians. Those who are detailed to direct *Anopheles*-control campaigns should consult all sources of information and combine the findings of others with a bountiful supply of common sense in directing malaria-control operations.

The remedy for the emergency situation can often be best determined by a close study of the habits of the local *Anopheles*, which may vary considerably with different species and in different localities. At Panama the most important of the malaria-carrying *Anopheles* were the *albamanus* and *tarsimaculata*. The latter during the dry season rested in ground cracks in the daytime. By placing small bundles of hay under the houses they were induced to ignore the ground cracks and to collect in the small piles of hay. Members of this species at Gatun did not rest on the wooden beams under occupied houses as our *Anopheles quadrimaculatus* does. They would collect under certain houses in the daytime but never under certain other houses near the selected ones.

A close study of the problem has shown that a knowledge of the habits common to many *Anopheles* may be used to advantage by sanitarians in practical malaria control. The following are some of the important points to be kept in mind:

(1) After many species of *Anopheles* become engorged they rest on the wall or other suitable shaded resting place relatively close to where they obtained their blood meal, and it is not usual for them to fly for a considerable time after becoming engorged.
(2) Those which have digested their blood meal and are ready for flight depart from their daytime resting place (house or inclosure) either (*a*) soon after dusk, or (*b*) soon after daylight.
(3) In the screened building the *Anopheles* ready to depart collect on the window screens or screen doors during these periods, and, with a little care and practice, practically all of them may be destroyed.

While on the screens they appear to be more interested in escaping from the building than from the person who is destroying them.

(4) The recently engorged *Anopheles* at rest on the walls of the building are relatively easy to destroy. If they are rather closely spaced, a chloroform bottle or a Griffitts catching tube may be used to advantage for collecting them; but ordinarily the common fly swatter will be found of more practical use.

(5) Light-colored walls make the task an easier one. In relatively dark rooms a flash lamp or other suitable artificial light (not too bright) is an advantage in obtaining perfect results.

At the farm-tenant homes where the family has insufficient funds to protect themselves from malaria by making the home mosquito proof, it is known that a considerable reduction in malaria transmission can be accomplished by systematically destroying the *Anopheles* that are to be found each morning resting on the walls of the bedrooms. This is effective where no attempt has been made to screen the building.

Most of our malaria in the United States is conveyed by *Anopheles quadrimaculatus*. This mosquito very rarely bites in the full sunlight and does not like bright lights. It is a night feeder, but will at times attack man in houses in the daytime. When it bites us at our homes, in most instances it rests on the walls of the room where it took its blood meal and remains there quietly for a day. Occasionally some of them go into an adjacent room. After taking the blood meal this particular mosquito appears to be more sluggish and is not as easily alarmed as are some other kinds of mosquitoes. It is relatively easy to destroy, and children, after a few trials, are soon able to find all mosquitoes resting on the walls. On rough wooden walls the resting *Anopheles* look like wooden splinters that stand out from the flat surface. It is possible for the children in the farm-tenant homes to learn how to find and destroy every *Anopheles* in the room, and they enjoy doing it.

If these mosquitoes on the walls are destroyed at a definite hour each morning, then malaria transmission will practically be prevented in that home. There are many localities in which malaria prevalence is of considerable economic importance where eradication of *Anopheles* by drainage may not be undertaken in the near future and where the farm tenants can not screen their homes. In such places this control method can be used to advantage.

Many persons when bothered by pestiferous mosquitoes or when moving into a malarial district are likely to confine their precautions to the use of mosquito lotions and a mosquito bed net. In tents and in dark bedrooms at times we find *Anopheles* resting on these mosquito bars by preference, and careful observations indicate that a considerable number of persons can be bitten through the cotton mosquito bed-net while asleep and be entirely unaware of the fact the following morning. This may be because the bite of some *Anopheles* is less painful than that of other more pestiferous mosquitoes.

Before a person is ready to accept or apply any health-control measure suggested he is likely to want to know what results may be expected from the efforts expended.

During the building of the Panama Canal, Gorgas used the *Anopheles*-control method above described on a large scale in the native thatch huts, at laborers' barracks, in railroad bunk cars, and in both screened and unscreened residences. The results were highly successful, the accounts of which were published.

In 1908 a temporary laborers' camp, consisting of tents, was established near the site of the present Miraflores Locks and used for four and a half months during the rainy season, when malaria transmission is most frequent. This camp was completely surrounded by extensive untreated *Anopheles* breeding places. A laborer with a fly swatter and catching tube was employed to destroy all the *Anopheles* he could find in the tents. Each tent was examined soon after the laborers left each morning. The malaria incidence among the laborers in these tents was thus kept down to 4 per cent per month, or the normal rate at that time for the Canal Zone laborers sleeping in screened buildings at camps where mosquito-control work was being done. No attempt was made to screen the tents in this camp, and the laborers were free to go to any other camps after dark. Some of them did go. Their night visits to other localities may have had a relation to the malaria that appeared at this camp. This malaria sick rate was less than 7 per cent of the rate of our troops living in well-screened barracks located 3 miles away. At both places the malaria-conveying species of *Anopheles* were very numerous.

Another instance of the value of daily destruction of *Anopheles* in sleeping quarters in the same year was at Diablo Hill, about 3 miles from the city of Panama. United States Marines were stationed in well-screened barracks on the hilltop and had a weekly malaria sick rate of 14 per cent. The camp of the railroad laborers was between this same hill and a prolific *Anopheles*-producing swamp. A negro boy was engaged less than an hour each morning to destroy all the *Anopheles* he could find in the bunk cars of this railroad camp. The *Anopheles* that gained entrance to the soldier's barracks were not destroyed. The malaria sick rate of the United States Marines was 42 times that of these railroad laborers, and the camp of the latter was at the edge of the swamp and the screen doors of the bunk cars were kept propped open by the laborers after dusk.

Again, during the period of relocation of the Panama Railroad, the jungle was being flooded by the slowly rising waters of Gatun Lake, making an excellent breeding area for *Anopheles*. Very little was done in the matter of controlling the extensive breeding places of *Anopheles* with which many of these temporary "relocation

camps" were surrounded. The laborers' camps were located close to the water, and native villages were built close to them and contained many malaria carriers. These camps were strung out along a line of about 20 miles of right of way. At these settlements and camps a daily mosquito catch was made. The malaria incidence even under these conditions, by means of daily destruction of engorged *Anopheles*, was kept as low as the incidence of the Canal Zone as a whole, where mosquito production was under excellent control at many camps. It was even lower than at some of the camps in the hill country where hand catching was not used and where laborers lived in well-screened houses. Moreover, during a period of several months the *Anopheles* in native houses and in camp cars in the lake region (Panama Railroad relocation) were all taken alive and sent to the laboratory for dissection, and no infected specimen was found—indicating that, for all practical purposes, this daily catch emergency-control method was decidedly effective. All *Anopheles* that were collected in the careful daily catches were caught before they had time to become infected.

Equally good results were obtained during the historic flight of *Anopheles* at Gatun in 1912, when *Anopheles torsimaculata* from a hydraulic fill containing blackish water became sufficiently numerous to compel the clerical force to cover cane-seated chairs with blotters and to use paper leggings, held in place by elastic bands, as protective measures.

This control method was also used with considerable success at Carazol and at Miraflores, where more than 1,000 *Anopheles* were caught in a single night in a small, properly designed, double-flare mosquito trap about 2 feet long and 8 inches high. At one time the weekly catch of *Anopheles* that gained access to dwellings in the Canal Zone varied from 7,000 to 22,000.

Recently, at a farm home on the coast of Georgia, where the little children of the family were badly infected with malaria, listless and apparently not used to enjoying life, great excitement and interest was aroused when a play game was made up to capture the engorged *Anopheles* resting on the walls of the bedroom and porch. There was lively competition to see who could get the most mosquitoes, and in a short time the children were laughing and thoroughly enjoying the work.

Unquestionably in future years better and more economical methods of *Anopheles* eradication than are now employed will be devised, but in the meantime we can advantageously apply such a method as the one outlined.

It is thought that its practical use and value to our farming population of malarial districts is sufficiently important to cause sanitarians to make it better known and more widely employed.

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PUBLIC HEALTH ENGINEERING ABSTRACTS

Progress of the Sewage Disposal Program at Chicago–II. Edward J. Kelly, Chief Engineer, Sanitary District of Chicago. *Engineering News-Record*, Vol. 96, No. 10, March 11, 1926, pp. 395–400. (Abstracted by C. C. Ruchhoft.)

The North Side Plant, which will be completed in 1928, is being built on 100 acres of land west of the North Shore Channel and just north of the Chicago city limits. It was designed to treat the sewage of a tributary population of 800,000, with an estimated average daily flow of 219 gallons per capita.

The plant proper includes grit chambers, preliminary settling tanks, aeration and settling units, the main building, sewage pumping station, and service station The 12 grit chambers are 80 feet long, by 8 feet wide, with a water depth of from 4 to 6.5 feet, and will be cleaned by a ¾-yard bucket operated from an overhead telpher system. Following the grit chambers there are four bar screens 15 feet wide, with 1-inch openings. Eight preliminary settling tanks follow the screens. Each tank will be 80 feet square, with an average depth of 9 feet, and will have a detention period of about 30 minutes. There are three batteries of aeration and settling tanks. Each battery of tanks consits of 12 circulating type aeration tanks, 10 settling tanks, and an operating gallery. Each aeration tank is 34 feet 9 inches wide, by 420 feet long, and is divided into two compartments by a central wall with aeration plates located on one side of the bottom of each compartment. The aeration rate will be 0.75 cubic foot of air per gallon of sewage, with a 6-hour detention period and a 20 per cent sludge return. The depth of sewage over the diffuser plates will be 15 feet. The settling tanks are 77 feet square, are equipped with Dorr clarifiers, and will have a maximum rate of 16,000 gallons per square foot per day.

The collecting system is designed as a sanitary sewerage system only and will consist of 13.8 miles of sewer, including 3.5 miles of 15-foot sewers. The system will carry up to 50 per cent in excess of the dry weather flow as of 1960.

Buildings.—The pump and blower house will have a ground area of about 303 feet by 183 feet. It will have seven turbo blowers, four of 40,000 cubic feet and three of 30,000 cubic feet of free air per minute capacity. The large blower units will be directly connected to 2,160-horsepower motors, and the smaller units to 1,650-horsepower motors. Five sewage pumps will be installed in this building. Two pumps, each driven by a 1,000-horsepower motor, will have a capacity of 150 second-feet each under a total head of 44 feet. Three pumps, each driven by a 700-horsepower motor, will have a capacity of 100 second-feet, under a total head of 44 feet. The building will also be equipped with a 34-ton electric crane and a 15-ton monorail hoist. The main building will house general offices, laboratories, storage space, and facilities for the plant operating forces. It will also contain three large venturi meters and four sludge return pumps. A central heating plant, incinerator, machine shop, pipe shop, carpenter shop, and storage space will be provided in the service building.

Construction progress.—The aeration and settling tanks, operating gallery, and influent and effluent conduits were completed in December, 1925, one year ahead of schedule. More than 70 per cent of the entire $27,433,000 North Side Project is now under contract. The methods employed in construction are described, and several photographs and layouts of portions of the plant are presented.

Method of Excreta Disposal in the Tropics which Entirely Prevents Fly Dissemination. Maj. A. L. Otway, Royal Army Medical Corps. *Journal Royal Army Medical Corps*, vol. 46, No. 1, January, 1926, pp. 14–22. (Abstracted by Isador W. Mendelsohn.)

The writer describes in detail a type of pit for burying excreta in tropical countries which prevents fly-breeding in the excreta and subsequent dissemination and produces practically no odor or other nuisance. Pails are used for collecting the excreta in privies, and their contents are disposed of in pits which are 18 feet to 20 feet long, 3½ feet to 4 feet wide, and 10 feet to 12 feet deep, depending on soil and other conditions. The pit is sealed by placing over it bush timber joints covered with plain leaves and beaten earth, called "swish," which is then tarred or treated with heavy oil. A hole is left at one end for the trap and the filling orifice is placed at the other end, and not less than 6 feet to 10 feet from the trap. The whole pit is protected by a thatch or palm-leaf roof and sides supported on bush timber. The area protected extends some 2 feet to 3 feet around the pit.

The trap consists of a copper gauze cone fashioned like a lamp shade, placed inside of a box, the top of which is covered with copper gauze. The bottom of the box has a hole in it the size of the hole in the pit, and the base of the copper gauze cone is placed over this hole, all the fittings being closely fastened to prevent escape of flies.

This trapped pit is based upon the principles that flies breed from deep pits in which excrement is deposited, and from deep pit latrines, and that such newly developed flies make directly for the nearest point of light to get out and obtain food. This method of excreta disposal was used because neither water carriage of sewage nor incineration was possible.

Traps of the type described have caught 250,000 flies and over in five to six days, assuming that there are 10,000 flies to a pint. Four species of fly were identified: *Lucilia caesar* (green bottle); *Calliphora vomitoria; M. domestica;* and *Sarcophage.*

A Family of Typhoid Carriers. Anna Dean Dulaney. *American Journal of Public Health*, vol. 15, No. 10, October, 1925, pp. 885–886. (Abstracted by A. S. Bedell.)

Twenty-two cases of typhoid in Columbia, Mo., were traced to a typhoid carrier family. The father had typhoid 26 years previously, the mother 16 years previously, and the daughter-in-law 10 months previously (shortly after marriage). Eight years previously the father, a chronic relapsing carrier, was required to close his dairy following a typhoid outbreak. In June, 1925, the son and his wife took charge of operating their new dairy. Three weeks later the typhoid outbreak among the dairy patrons began. Sanitary conditions were unsatisfactory with regard to location of milk house, privy, and well.

Some Heat Resisting Streptococci Found in Market Milk. H. O. Way. International Association of Dairy and Milk Inspectors *Fourteenth Annual Report*, October 12, 14, 1925, pp. 179–183. (Abstracted by Malcom Lewis.)

Analysis of bottled Pasteurized milk from three Pasteurizing plants showed the presence of 100,000 to 400,000 bacteria by plate count. Microscopic examination showed large numbers of streptococci occurring usually in pairs and sometimes in chains of four or six. In the raw milk, chains of 6, 8, or 10, and sometimes 14 or 16 cocci occurred. Agar plates showed a predominance of very small "pin point" colonies of two types. One is slightly filiform or elongated; the other nearly round, with a very slight halo. After heating a sample of raw milk counting about 80,000 of these colonies to 142°–145° F. for 72 hours, the count was found to be practically unchanged. These organisms have withstood 162° F. for one hour. Vat samples ran as high as 200,000 to 300,000 colonies after Pasteurization.

From plant-control samples and a study of methods it was concluded that increase in colonies was due not to growth, but to a breaking up of chains from heat of Pasteurization and pump agitation.

Examination of plants of shippers whose raw milk contained large numbers of these organisms showed as the probable cause, udder or teat infection other than garget in 20 per cent of the cases, and teat cups and rubber tube connections of milking machines in the other 80 per cent. Search for the source of organisms showed cow urine to be free except when contaminated with feces, and that cow feces contained a large number of these organisms.

The presence of large numbers of these organisms in a Pasteurized milk supply suggests an insanitary condition either in the herd or in the milk-handling equipment. Teats may be infected either in the milk canal or on the outside.

AUTOMOBILE FATALITIES, JANUARY 3 TO MAY 22, 1926

The Department of Commerce announces that reports of automobile fatalities for the four-week period ending May 22 have been received from 79 large cities in the United States. The total number of such fatalities in these cities was 487 as contrasted with 426 for the corresponding four weeks of 1925, and the daily averages for the two four-week periods were 17.4 and 15.2, respectively. The numbers in 14 periods of 4 weeks were as folows:

Four weeks ending—

May 22, 1926	487	Jan. 2, 1926	558	Aug. 15, 1925	469
Apr. 24, 1926	424	Dec. 5, 1925	632	July 18, 1925	495
Mar. 27, 1926	350	Nov. 7, 1925	616	June 20, 1925	492
Feb. 27, 1926	378	Oct. 10, 1925	528	May 23, 1925	424
Jan. 30, 1926	434	Sept. 12, 1925	531		

Eight cities showed no automobile fatalities for the four weeks ended May 22, 1926, while 11 showed no fatalities for the corresponding period of 1925. New Bedford has a clean sheet for 20 weeks.

For 55 cities in the four-week period, automobile deaths where both the death and the accident occurred within city limits totaled 312, as against a total of 353 for all deaths from automobile accidents regardless of whether the accident occurred within or outside the city limits.

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Automobile fatalities reported during the four weeks ending May 22, 1926

[Figures show deaths in each city, regardless of place of accident, and regardless of residence. The figures for 1925 and 1926 are provisional]

City	Automobile fatalities							
	Number			Annual rate per 100,000 estimated population				
	Four weeks ending—		Jan. 3 to May 22, 1926	Four weeks ending—		Jan. 3 to May 22, 1926	Corresponding period, 1925	Calendar year
	May 22, 1926	May 23, 1925		May 22, 1926	May 23, 1925			1925	1924
Total (79 cities)	487	426	2,074						
Total (67 cities)	444	408	1,879	19.9	18.6	16.8	16.2	19.8	19.5
Albany	3	1	10	32.9	11.1	21.9	16.9	25.1	23.9
Baltimore	14	12	40	22.6	19.6	12.9	9.9	17.9	16.4
Birmingham	4	2	21	24.7	12.7	25.9	13.3	24.4	27.4
Boston	9	6	37	14.9	10.0	12.3	15.1	18.5	18.4
Buffalo	14	7	44	33.5	17.0	21.1	15.7	22.5	21.0
Cambridge	0	1	7	0	10.9	15.0	18.7	18.9	22.8
Camden	6	0	16	59.7	0	31.8	17.4	30.6	28.5
Canton	1	1	10	11.9	12.3	23.7	21.0	27.8	19.5
Chicago	40	49	211	17.1	21.3	18.0	16.9	19.9	19.0
Cincinnati	4	10	36	12.7	31.8	22.8	33.7	30.6	20.8
Cleveland	17	17	69	23.1	23.7	18.7	23.4	24.3	24.1
Columbus	3	8	14	13.7	37.3	12.8	19.5	24.6	22.0
Dallas	5	2	23	32.6	13.5	30.0	27.7	25.2	19.2
Dayton	3	2	14	22.1	15.1	20.6	17.7	17.3	15.4
Denver	3	2	15	13.7	9.3	13.7	11.5	13.3	14.5
Des Moines	0	0	6	0	0	10.7	3.5	13.2	12.1
Detroit	22	24	90	22.2	25.1	20.0	17.6	23.7	25.5
Duluth	1	1	8	11.5	11.8	18.5	9.0	21.4	17.5
El Paso	0	2	9	0	24.8	21.5	33.1	30.0	20.9
Fall River	1	0	5	10.0	0	10.0	13.9	13.1	12.5
Flint	2	2	6	19.0	20.0	11.4	9.8	18.3	16.9
Fort Worth	3	1	12	24.6	8.6	19.7	11.4	14.8	18.2
Grand Rapids	3	2	8	25.1	17.0	13.4	18.3	20.1	20.9
Indianapolis	8	3	31	28.4	10.9	22.0	15.9	19.5	20.2
Jacksonville, Fla	1	3	12	13.5	41.0	32.4	31.2	50.5	22.1
Jersey City	3	4	11	12.3	16.5	9.0	17.3	19.7	17.9
Kansas City, Kans	0	3	2	0	33.7	4.5	13.2	16.3	15.6
Kansas City, Mo	4	4	20	13.9	14.2	13.9	18.9	23.0	24.2
Louisville	1	4	15	4.2	17.3	12.6	21.4	20.8	19.8
Lynn	0	0	4	0	0	10.0	7.4	14.5	20.5
Memphis	6	4	19	44.2	29.9	28.0	29.9	27.6	23.2
Milwaukee	6	3	24	15.1	7.8	12.1	11.4	20.2	16.8
Minneapolis	5	7	22	15.0	21.4	13.2	12.6	17.5	20.6
Nashville	3	3	10	28.8	28.7	19.0	26.2	26.3	27.5
New Haven	3	3	15	21.5	21.9	21.5	12.5	23.1	27.3
New Orleans	6	3	33	18.7	9.4	20.5	19.8	19.2	20.5
New York	89	80	345	19.6	17.8	15.2	14.5	17.0	17.2
Newark, N. J	14	7	39	39.8	20.2	22.2	18.0	22.2	23.3
Norfolk	1	2	6	7.5	15.4	9.0	11.7	8.1	9.7
Oakland	2	2	11	10.0	10.3	11.0	13.7	16.3	19.8
Omaha	3	1	16	18.2	6.2	19.4	6.0	15.5	13.9
Paterson	4	5	12	36.5	46.0	21.9	28.8	28.8	34.8
Philadelphia	22	27	91	14.3	17.8	11.8	11.9	15.2	13.5
Pittsburgh	12	12	55	24.6	24.8	22.5	19.8	27.7	29.7
Providence	6	12	18	28.4	58.4	17.1	30.5	29.3	22.0
Richmond	4	0	13	27.6	0	17.9	17.3	21.1	18.0
Rochester	7	2	21	25.4	8.2	17.1	7.3	16.3	15.3
St. Louis	13	11	62	20.4	17.5	19.5	19.0	23.4	24.2
St. Paul	3	3	14	15.8	15.9	14.7	17.6	19.0	22.5
Salt Lake City	2	7	8	19.6	69.7	15.7	20.9	30.8	26.4
San Antonio	4	2	15	25.4	13.2	19.1	12.9	19.6	11.5
San Diego	2	3	15	21.7	36.9	35.6	35.1	39.9	27.0
San Francisco	9	11	34	20.7	25.7	15.6	18.3	15.7	20.6
Schenectady	3	1	8	42.1	14.0	22.4	13.8	26.8	22.7
Somerville	0	0	8	0	0	20.9	5.2	14.1	10.2
Spokane	0	1	6	0	12.0	14.4	14.1	16.4	21.0
Springfield, Mass	4	1	11	36.0	9.2	19.8	5.4	11.9	19.2
Syracuse	5	2	15	35.4	14.3	21.3	10.9	15.7	22.7
Tacoma	1	0	13	12.3	0	32.0	14.3	17.0	20.4
Toledo	9	1	19	39.9	4.5	16.8	17.3	22.6	16.4
Trenton	1	4	9	9.7	39.5	17.5	23.2	28.6	26.2
Utica	2	2	4	25.3	25.7	10.1	12.2	20.3	24.8
Washington, D. C	5	4	29	12.3	10.5	14.3	15.5	17.4	22.2
Wilmington, Del	3	2	11	31.5	21.4	23.1	16.3	13.7	24.2
Worcester	4	2	13	27.0	13.7	17.6	7.8	20.1	15.3
Yonkers	1	0	7	11.2	0	15.7	6.7	14.0	14.4
Youngstown	5	5	13	39.5	40.8	20.5	21.7	27.7	23.1

Automobile fatalities reported during the four weeks ending May 22, 1926—Continued

[Figures show deaths in each city, regardless of place of accident, and regardless of residence. The figures for 1925 and 1926 are provisional]

City	Automobile fatalities								
	Number			Annual rate per 100,000 estimated population					
	Four weeks ending—		Jan. 3 to May 22, 1926	Four weeks ending—		Jan. 3 to May 22, 1926	Corresponding period, 1925	Calendar year	
	May 22, 1926	May23, 1925		May 22, 1926	May 23, 1925			1925	1924
Partial data for 12 cities									
Akron	4	3	11	(1)	(1)	(1)	(1)	(1)	(1)
Atlanta	5	1	22	(1)	(1)	(1)	(1)	(1)	(1)
Bridgeport	1	1	5	(1)	(1)	(1)	(1)	(1)	(1)
Erie	5	0	7	(1)	(1)	(1)	(1)	(1)	(1)
Houston	3	1	13	(1)	7.9	(1)	15.5	14.5	19.4
Los Angeles	14	7	88	(1)	7.9	(1)	(1)	(1)	(1)
Lowell	3	0	4	(1)	0	(1)	9.3	24.3	20.8
New Bedford	0	0	0	(1)	0	(1)	2.1	12.3	10.9
Oklahoma City	2	1	13	(1)	(1)	(1)	(1)	(1)	(1)
Portland, Oreg	2	1	14	(1)	4.6	(1)	12.3	17.4	14.7
Seattle	3	2	17	(1)	(1)	(1)	(1)	(1)	(1)
Waterbury	1	1	1	(1)	(1)	(1)	(1)	(1)	(1)

[1] Rates are omitted, pending the establishment of more satisfactory estimates of population.

DEATH RATES IN A GROUP OF INSURED PERSONS

RATES FOR PRINCIPAL CAUSES OF DEATH FOR APRIL, 1926

The accompanying table is taken from the Statistical Bulletin for May, 1926, published by the Metropolitan Life Insurance Co., and presents the mortality experience of the industrial insurance department of the company for April, 1926, as compared with March, 1926, and with April and year, 1925. The rates are based on a strength of approximately 17,000,000 insured persons in the industrial populations of the United States and Canada.

The death rate for April (12.0 per 1,000 industrial policyholders) is substantially the same as that for March (12.1). It failed to show the usual seasonal decline. This high rate is attributed to continued increased mortality from influenza and pneumonia, these two diseases accounting for one-fourth of the total number of deaths. The influenza death rate (91.3 per 100,000) was more than double last year's figure, while pneumonia mortality increased approximately 40 per cent as compared with April a year ago. It is stated that the peak of the influenza and pneumonia death rates had been passed by the latter part of April.

Unusually high mortality from measles continued, the April death rate for the disease (21.3 per 100,000) closely approached that for March (21.5), which was the highest rate for this cause in the records of the company.

Whooping cough shows a higher death rate in April (15.4) than in March (13.6), and 71 per cent increase over the rate for April, 1925 (9).

The death rate for scarlet fever was low in April, showing little change from last year's figure; while diphtheria shows a small decline from the rate for March and a marked reduction as compared with April of last year.

The tuberculosis death rate (114.9 per 100,000) was practically the same as the rate for March, but was considerably higher than that for April, 1925. At the end of April the cumulative death rate for tuberculosis among this group of persons was substantially the same as that for last year.

The "degenerative" diseases (cerebral hemorrhage, Bright's disease, and organic heart disease) each recorded higher rates than for April, 1925. This increase is stated to be largely a reflex of this year's influenza outbreak.

The rate for puerperal diseases showed an improvement in April over the same month of last year, as has been the case for the other months so far this year. This is noted as being unusual in view of the above-average prevalence of influenza.

Death rates (annual basis) for principal causes per 100,000 lives exposed, March and April, 1926, and April and year, 1925

[Industrial department, Metropolitan Life Insurance Co.]

Cause of death	Rate per 100,000 lives exposed [1]			
	April, 1926	March, 1926	April, 1925	Year 1925 [2]
Total, all causes	1,199.4	1,210.6	1,034.3	906.9
Typhoid fever	2.5	2.4	2.0	4.6
Measles	21.3	21.5	4.6	3.3
Scarlet fever	5.1	4.7	4.9	3.5
Whooping cough	15.4	13.6	9.0	7.7
Diphtheria	9.0	9.2	13.1	10.6
Influenza	91.3	76.1	45.4	21.9
Tuberculosis (all forms)	114.9	115.2	107.4	98.0
Tuberculosis of respiratory system	99.5	100.4	94.0	85.8
Cancer	77.1	77.1	71.4	70.5
Diabetes mellitus	20.1	21.6	16.4	15.2
Cerebral hemorrhage	61.3	68.4	57.7	53.5
Organic diseases of heart	171.8	174.3	141.1	126.6
Pneumonia (all forms)	191.0	194.0	136.6	88.5
Other respiratory diseases	19.6	18.8	17.2	13.3
Diarrhea and enteritis	17.8	16.9	17.8	36.6
Bright's disease (chronic nephritis)	82.6	91.8	77.6	69.8
Puerperal state	17.9	17.4	19.3	16.5
Suicides	7.6	7.0	7.3	6.9
Homicides	7.6	6.5	7.8	7.2
Other external causes (excluding suicides and homicides)	53.1	55.7	58.4	64.2
Traumatism by automobiles	13.5	9.6	13.9	18.5
All other causes	212.6	218.3	219.4	190.5

[1] All figures include infants insured under 1 year of age.
[2] Based on provisional estimates of lives exposed to risk in 1925.

DEATHS DURING WEEK ENDED JUNE 5, 1926

Summary of information received by telegraph from industrial insurance companies for week ended June 5, 1926, and corresponding week of 1925. (From the Weekly Health Index June 8, 1926, issued by the Bureau of the Census, Department of Commerce)

	Week ended June 5, 1926	Corresponding week 1925
Policies in force	64, 661, 646	60, 135, 708
Number of death claims	10, 445	10, 774
Death claims per 1,000 policies in force, annual rate	8. 4	9. 3

Deaths from all causes in certain large cities of the United States during the week ended June 5, 1926, infant mortality, annual death rate, and comparison with corresponding week of 1925. (From the Weekly Health Index, June 8, 1926, issued by the Bureau of the Census, Department of Commerce)

City	Week ended June 5, 1926		Annual death rate per 1,000 corresponding week, 1925	Deaths under 1 year		Infant mortality rate, week ended June 5, 1926 [3]
	Total deaths	Death rate [1]		Week ended June 5, 1926	Corresponding week, 1925	
Total (65 cities)	6, 816	12. 3	14. 2	738	973	[3] 61
Akron	39			5	3	53
Albany [4]	24	10. 5	12. 8	2	2	42
Atlanta	70			6	12	
White	36			3		
Colored	34	[5]		3		
Baltimore [4]	215	13. 9	15. 4	19	20	55
White	168			14		50
Colored	47	[5]		5		81
Birmingham	87	21. 5	16. 0	13	10	
White	36			4		
Colored	51	[5]		9		
Boston	199	13. 2	15. 5	24	41	68
Bridgeport	29			3	2	51
Buffalo	156	15. 0	17. 3	25	35	104
Cambridge	28	12. 0	12. 2	3	6	50
Camden	31	12. 3	13. 4	0	5	0
Canton	28	13. 3	10. 3	4	1	89
Chicago [4]	633	10. 8	12. 6	72	81	64
Cincinnati	137	17. 4	17. 3	16	7	100
Cleveland	182	9. 9	15. 1	22	30	57
Columbus	68	12. 4	17. 1	6	10	55
Dallas	45	11. 7	12. 7	2	12	
White	38			2		
Colored	7	[5]		0		
Dayton	57	16. 8	16. 0	4	4	63
Denver	79	14. 5	14. 8	7	8	
Des Moines	30	10. 7	11. 8	2	3	33
Detroit	291	11. 8	13. 9	41	67	66
Duluth	29	13. 4	11. 3	1	3	23
El Paso	53	25. 4	15. 9	20	9	
Erie	32			8	5	152
Fall River [4]	35	13. 9	8. 9	6	2	87
Flint	23	8. 8	8. 0	5	4	83
Fort Worth	28	9. 2	8. 2	4	2	
White	24			4		
Colored	4	[5]		0		
Grand Rapids	32	10. 7	13. 2	5	5	72
Houston	66			13	7	
White	46			7		
Colored	20	[5]		6		
Indianapolis	102	14. 5	16. 6	11	11	81
White	86			7		59
Colored	16			4		220

[1] Annual rate per 1,000 population.
[3] Deaths under 1 year per 1,000 births. Cities left blank are not in the registration area for births.
[3] Data for 63 cities.
[4] Deaths for week ended Friday, June 4, 1926.
[5] In the cities for which deaths are shown by color, the colored population in 1920 constituted the following percentages of the total population: Atlanta 31, Baltimore 15, Birmingham 39, Dallas 15, Fort Worth 14, Houston 25, Kansas City, Kans., 14, Louisville 17, Memphis 38, Nashville 30, New Orleans 26, Norfolk 38, Richmond 32, and Washington, D. C., 25.

Deaths from all causes in certain large cities of the United States during the week ended June 5, 1926, infant mortality, annual death rate, and comparison with corresponding week of 1925. (From the Weekly Health Index, June 8, 1926, issued by the Bureau of the Census, Department of Commerce)—Continued

City	Week ended June 5, 1926		Annual death rate per 1,000 corresponding week, 1925	Deaths under 1 year		Infant mortality rate, week ended June 5, 1926
	Total deaths	Death rate		Week ended June 5, 1926	Corresponding week, 1925	
Jersey City	59	9.7	14.2	11	10	78
Kansas City, Kans.	28	12.5	11.7	1	3	17
White	17			0		0
Colored	11	(3)		1		131
Kansas City, Mo.	94	13.1	13.2	9	4	
Los Angeles	203			18	41	50
Louisville	91	15.3	16.4	7	3	60
White	65			6		60
Colored	26	(3)		1		63
Lowell	31			1	3	19
Lynn	16	8.0	14.2	1	4	25
Memphis	47	13.8	20.6	5	14	
White	21			1		
Colored	26	(3)		4		
Milwaukee	102	10.3	11.7	17	27	70
Minneapolis	83	10.0	12.5	14	8	78
Nashville [4]	40	15.2	14.9	8	5	
White	24			5		
Colored	16	(3)		3		
New Bedford	42			11	5	191
New Haven	46	13.2	20.4	6	4	82
New Orleans	127	15.8	19.6	6	24	
White	66			2		
Colored	61	(3)		4		
New York	1,347	11.9	14.2	141	200	57
Bronx Borough	167	9.7	10.8	11	15	36
Brooklyn Borough	455	10.6	13.3	48	81	49
Manhattan Borough	584	16.2	18.4	69	85	76
Queens Borough	104	7.1	9.3	10	16	45
Richmond Borough	37	13.5	14.3	3	3	53
Newark, N. J.	81	9.2	14.1	8	22	38
Norfolk	37	11.1	9.6	3	9	56
White	17			0		0
Colored	20	(3)		3		149
Oakland	40	8.0	9.0	5	8	93
Oklahoma City	19			0	3	
Omaha	48	11.6	9.4	8	6	84
Paterson	43	15.7	14.7	4	9	70
Philadelphia	464	12.0	13.3	39	54	52
Pittsburgh	162	13.3	18.0	14	25	47
Portland, Oreg.	59			5	3	51
Providence	71	13.5	14.0	9	6	73
Richmond	49	13.5	17.9	2	4	25
White	31			2		39
Colored	18	(3)		0		0
Rochester	85	13.8	11.5	9	3	72
St. Louis	184	11.6	13.3	14	15	
St. Paul	54	11.4	12.1	1	4	9
Salt Lake City [4]	28	11.0	8.8	3	2	41
San Antonio	51	13.0	14.2	14	16	
San Diego	44	20.9	16.2	3	6	63
San Francisco	144	13.2	14.3	8	6	48
Schenectady	17	9.5	14.6	5	4	144
Seattle	64			3	5	28
Somerville	20	10.4	16.8	3	5	78
Spokane	35	16.7	12.9	5	3	117
Springfield, Mass.	36	12.9	14.3	1	6	14
Syracuse	47	13.3	10.3	6	4	76
Tacoma	24	11.8	13.5	4	2	93
Toledo	60	10.6	16.3	4	12	39
Trenton	40	15.6	16.6	2	3	33
Washington, D. C.	146	14.4	20.0	12	29	68
White	80			6		50
Colored	66	(3)		6		109
Waterbury	14			4	1	86
Wilmington, Del.	32	13.5	12.4	1	6	23
Worcester	48	13.0	13.7	5	4	58
Yonkers	27	12.1	11.9	4	4	90
Youngstown	27	8.5	11.7	6	3	76

For footnotes 4 and 5 see p. 1233.

PREVALENCE OF DISEASE

No health department, State or local, can effectively prevent or control disease without knowledge of when, where, and under what conditions cases are occurring

UNITED STATES

CURRENT WEEKLY STATE REPORTS

These reports are preliminary and the figures are subject to change when later returns are received by the State health officers

Reports for Week Ended June 12, 1926

ALABAMA	Cases
Cerebrospinal meningitis	2
Chicken pox	40
Diphtheria	3
Influenza	1
Lethargic encephalitis	2
Malaria	24
Measles	308
Mumps	10
Pellagra	19
Pneumonia	37
Scarlet fever	4
Smallpox	37
Tetanus	1
Trachoma	1
Tuberculosis	37
Typhoid fever	15
Typhus fever	3
Whooping cough	41

ARIZONA	Cases
Chicken pox	5
Measles	16
Mumps	2
Pneumonia	2
Scarlet fever	17
Tuberculosis	18
Tuberculous meningitis	1
Typhoid fever	8
Whooping cough	5

ARKANSAS	Cases
Cerebrospinal meningitis	1
Chicken pox	21
Diphtheria	2
Hookworm disease	3
Influenza	14
Malaria	49
Measles	73

ARKANSAS—continued	Cases
Mumps	24
Pellagra	19
Scarlet fever	11
Smallpox	3
Trachoma	5
Tuberculosis	11
Typhoid fever	4
Whooping cough	33

CALIFORNIA	Cases
Cerebrospinal meningitis:	
Los Angeles	1
Stanislaus County	1
Chicken pox	213
Diphtheria	95
Influenza	13
Measles	502
Mumps	229
Poliomyelitis:	
Pasadena	1
Santa Barbara County	1
Scarlet fever	135
Smallpox	22
Typhoid fever	10
Whooping cough	67

COLORADO	Cases
Chicken pox	38
Diphtheria	16
Influenza	1
Measles	78
Mumps	1
Poliomyelitis	1
Scarlet fever	21
Smallpox	1
Tuberculosis	46
Typhoid fever	4
Whooping cough	38

CONNECTICUT

	Cases
Cerebrospinal meningitis	1
Chicken pox	58
Diphtheria	9
German measles	45
Influenza	5
Measles	444
Mumps	22
Pneumonia (broncho)	30
Pneumonia (lobar)	39
Scarlet fever	79
Smallpox	1
Tuberculosis (pulmonary)	28
Typhoid fever	3
Whooping cough	44

DELAWARE

Measles	31
Scarlet fever	3
Tuberculosis	6
Whooping cough	3

DISTRICT OF COLUMBIA

Chicken pox	26
Diphtheria	6
Influenza	1
Measles	136
Pneumonia	20
Scarlet fever	19
Smallpox	1
Tuberculosis	21
Typhoid fever	1
Whooping cough	37

FLORIDA

Chicken pox	21
Dengue	1
Diphtheria	7
Influenza	3
Malaria	6
Measles	42
Mumps	11
Pneumonia	4
Scarlet fever	8
Smallpox	64
Tuberculosis	2
Typhoid fever	16
Whooping cough	15

GEORGIA

Chicken pox	15
Diphtheria	6
Dysentery	55
Hookworm disease	6
Influenza	8
Malaria	44
Measles	78
Mumps	9
Pellagra	10
Pneumonia	23
Scarlet fever	1
Septic sore throat	6
Smallpox	23
Tuberculosis	22
Typhoid fever	36
Whooping cough	32

IDAHO

	Cases
Chicken pox	4
Diphtheria	2
Measles	10
Mumps	2
Scarlet fever	7
Smallpox	2
Typhoid fever	1
Whooping cough	14

ILLINOIS

Cerebrospinal meningitis—Cook County	1
Chicken pox	282
Diphtheria	114
Influenza	51
Lethargic encephalitis:	
Cook County	3
Macon County	1
Measles	1,294
Mumps	77
Pneumonia	215
Scarlet fever	250
Smallpox	37
Tuberculosis	400
Typhoid fever	16
Whooping cough	196

INDIANA

Chicken pox	57
Diphtheria	14
Influenza	21
Measles	419
Pneumonia	2
Poliomyelitis	1
Scarlet fever	90
Smallpox	54
Tuberculosis	56
Typhoid fever	7
Whooping cough	80

KANSAS

Chicken pox	53
Diphtheria	5
German measles	4
Influenza	35
Leprosy	1
Lethargic encephalitis	1
Measles	294
Mumps	9
Pellagra	1
Pneumonia	81
Scarlet fever	35
Smallpox	7
Tuberculosis	24
Typhoid fever	4
Whooping cough	166

LOUISIANA

Diphtheria	8
Influenza	30
Malaria	11
Pellagra	9
Pneumonia	14
Scarlet fever	11
Smallpox	31
Tuberculosis	66
Typhoid fever	20
Whooping cough	6

MAINE

	Cases
Chicken pox	15
Diphtheria	10
German measles	56
Influenza	4
Measles	125
Mumps	8
Paratyphoid fever	2
Pneumonia	6
Scarlet fever	12
Tuberculosis	2
Tuberculous meningitis	1
Typhoid fever	3
Whooping cough	18

MARYLAND [1]

Cerebrospinal meningitis	1
Chicken pox	87
Diphtheria	14
Dysentery	3
German measles	5
Influenza	5
Measles	138
Mumps	96
Pneumonia (broncho)	23
Pneumonia (lobar)	22
Scarlet fever	45
Septic sore throat	1
Tetanus	1
Tuberculosis	62
Typhoid fever	7
Whooping cough	58

MASSACHUSETTS

Cerebrospinal meningitis	2
Chicken pox	187
Conjunctivitis (suppurative)	5
Diphtheria	49
German measles	320
Influenza	8
Lethargic encephalitis	1
Malaria	2
Measles	732
Mumps	156
Ophthalmia neonatorum	35
Pellagra	2
Pneumonia (lobar)	90
Poliomyelitis	1
Scarlet fever	222
Septic sore throat	4
Trichinosis	1
Tuberculosis (pulmonary)	92
Tuberculosis (other forms)	48
Typhoid fever	11
Whooping cough	214

MICHIGAN

Diphtheria	102
Measles	925
Pneumonia	92
Scarlet fever	289
Smallpox	4
Tuberculosis	48
Typhoid fever	9
Whooping cough	170

MINNESOTA

	Cases
Chicken pox	104
Diphtheria	54
Influenza	2
Measles	741
Pneumonia	7
Scarlet fever	211
Smallpox	8
Tuberculosis	41
Typhoid fever	3
Whooping cough	51

MISSISSIPPI

Diphtheria	6
Poliomyelitis	1
Scarlet fever	3
Smallpox	15
Typhoid fever	8

MISSOURI

(Exclusive of Kansas City)

Chicken pox	14
Diphtheria	65
Influenza	1
Malaria	3
Measles	462
Mumps	6
Ophthalmia neonatorum	1
Scarlet fever	110
Smallpox	12
Trachoma	6
Tuberculosis	46
Typhoid fever	6
Whooping cough	68

MONTANA

Cerebrospinal meningitis	2
Chicken pox	10
Diphtheria	10
German measles	9
Measles	64
Mumps	2
Rocky Mountain spotted fever:	
Beebe	1
St. Xavier	1
Winston	1
Scarlet fever	31
Smallpox	4
Tuberculosis	6
Typhoid fever	2
Whooping cough	5

NEBRASKA

Chicken pox	25
Diphtheria	6
Influenza	14
Lethargic enbephalitis	1
Measles	51
Mumps	9
Scarlet fever	79
Smallpox	23
Tuberculosis	5
Whooping cough	16

NEW JERSEY

Cerebrospinal meningitis	2
Chicken pox	141
Diphtheria	77
Influenza	2
Malaria	1

[1] Week ended Friday.

NEW JERSEY—continued

	Cases
Measles	880
Pneumonia	97
Scarlet fever	201
Trachoma	1
Typhoid fever	3
Whooping cough	72

NEW MEXICO

Cerebrospinal meningitis	1
Chicken pox	5
Diphtheria	8
German measles	1
Measles	9
Mumps	1
Pneumonia	2
Poliomyelitis	2
Scarlet fever	5
Smallpox	1
Tuberculosis	36
Typhoid fever	4
Whooping cough	23

NEW YORK

(Exclusive of New York City)

Cerebrospinal meningitis	1
Chicken pox	221
Diphtheria	70
German measles	513
Influenza	140
Malaria	3
Measles	2,450
Mumps	137
Ophthalmia neonatorum	1
Pneumonia	238
Poliomyelitis	2
Scarlet fever	183
Smallpox	5
Tetanus	1
Typhoid fever	15
Vincent's angina	8
Whooping cough	282

NORTH CAROLINA

Cerebrospinal meningitis	2
Chicken pox	56
Diphtheria	25
German measles	109
Measles	290
Poliomyelitis	3
Scarlet fever	26
Smallpox	19
Typhoid fever	16
Whooping cough	251

OKLAHOMA

(Exclusive of Oklahoma City and Tulsa)

Chicken pox	22
Diphtheria	3
Influenza	34
Malaria	37
Measles	110
Mumps	11
Pellagra	16
Pneumonia	11

OKLAHOMA—continued

	Cases
Poliomyelitis	3
Scarlet fever	15
Smallpox	4
Typhoid fever	21
Whooping cough	65

OREGON

Cerebrospinal meningitis	2
Chicken pox	41
Diphtheria	20
Influenza	13
Measles	78
Mumps	21
Pneumonia	[2] 5
Rocky Mountain spotted fever	1
Scarlet fever	47
Septic sore throat	3
Smallpox:	
Portland	13
Scattering	36
Tuberculosis	4
Typhoid fever	3
Whooping cough	45

PENNSYLVANIA

Anthrax—Philadelphia	1
Cerebrospinal meningitis—Pittsburgh	1
Chicken pox	295
Diphtheria	150
German measles	108
Impetigo contagiosa	1
Lethargic encephalitis—Philadelphia	1
Measles	2,911
Mumps	58
Pneumonia	71
Poliomyelitis—Columbus township [3]	1
Puerperal fever—Philadelphia	1
Scabies	1
Scarlet fever	479
Trachoma:	
Philadelphia	1
Sharpsburg	1
Tuberculosis	114
Typhoid fever	35
Whooping cough	450

RHODE ISLAND

Diphtheria	4
German measles	32
Influenza	2
Measles	52
Mumps	2
Scarlet fever	4
Tuberculosis	5
Whooping cough	3

SOUTH DAKOTA

Chicken pox	8
Diphtheria	1
Influenza	2
Measles	18
Mumps	11
Pneumonia	1
Scarlet fever	63
Smallpox	2
Tuberculosis	2
Whooping cough	58

[2] Deaths.

[3] County not specified.

TENNESSEE	Cases
Cerebrospinal meningitis—Nashville	1
Chicken pox	21
Diphtheria	5
Dysentery	4
Hookworm disease	1
Influenza	17
Malaria	24
Measles	208
Mumps	1
Ophthalmia neonatorum	1
Pellagra	14
Pneumonia	14
Scarlet fever	7
Smallpox	22
Trachoma	3
Tuberculosis	41
Typhoid fever	10
Whooping cough	30
TEXAS	
Chicken pox	55
Dengue	8
Diphtheria	12
Influenza	1
Measles	14
Mumps	3
Pellagra	2
Pneumonia	5
Scarlet fever	15
Smallpox	30
Tuberculosis	20
Typhoid fever	4
Typhus fever	1
Whooping cough	23
UTAH	
Chicken pox	32
Diphtheria	11
German measles	9
Measles	43
Mumps	25
Pneumonia	1
Scarlet fever	1
Smallpox	1
Tuberculosis	1
Typhoid fever	2
Whooping cough	107
VERMONT	
Chicken pox	10
Measles	118
Mumps	5
Scarlet fever	2
Whooping cough	4
VIRGINIA	
Smallpox	5
WASHINGTON	
Cerebrospinal meningitis—Spokane	3
Chicken pox	91
Diphtheria	17
WASHINGTON—continued	
German measles	48
Measles	90
Mumps	16
Poliomyelitis—Lincoln County	1
Scarlet fever	54
Smallpox	31
Tuberculosis	9
Typhoid fever	6
Whooping cough	50
WEST VIRGINIA	
Chicken pox	37
Diphtheria	9
Influenza	7
Measles	457
Poliomyelitis	1
Scarlet fever	28
Smallpox	2
Tuberculosis	30
Typhoid fever	5
Whooping cough	42
WISCONSIN	
Milwaukee:	
Cerebrospinal meningitis	1
Chicken pox	79
Diphtheria	19
German measles	3
Influenza	3
Measles	282
Mumps	28
Pneumonia	22
Scarlet fever	14
Tuberculosis	16
Whooping cough	61
Scattering:	
Cerebrospinal meningitis	1
Chicken pox	89
Diphtheria	12
German measles	86
Influenza	9
Measles	1,186
Mumps	39
Pneumonia	30
Scarlet fever	62
Tuberculosis	20
Whooping cough	84
WYOMING	
Chicken pox	15
Diphtheria	3
German measles	2
Measles	15
Mumps	4
Rocky Mountain spotted fever:	
Campbell County	2
Johnson County	1
Park County	4
Sheridan County	5
Scarlet fever	9
Smallpox	1
Whooping cough	6

Report for Week Ended June 5, 1926

NORTH DAKOTA	Cases
Chicken pox	16
Diphtheria	6
German measles	31
Influenza	2
Measles	18
Mumps	6
NORTH DAKOTA—continued	
Pneumonia	1
Scarlet fever	36
Smallpox	7
Tuberculosis	1
Whooping cough	29

SUMMARY OF MONTHLY REPORTS FROM STATES

The following summary of monthly State reports is published weekly and covers only those States from which reports are received during the current week:

State	Cerebrospinal meningitis	Diphtheria	Influenza	Malaria	Measles	Pellagra	Poliomyelitis	Scarlet fever	Small pox	Typhoid fever
April, 1926										
Hawaii Territory	9	22	731	-------	32	-------	0	0	0	0
May, 1926										
Arizona	1	9	160	-------	41	-------	0	37	10	27
Connecticut	5	84	40	1	2,293	-------	0	348	0	12
Indiana	2	46	68	-------	3,126	-------	0	484	257	14
Vermont	0	3	0	0	219	-------	1	31	0	0

Number of Cases of Certain Communicable Diseases Reported for the Month of April, 1926, by State Health Officers

State	Chickenpox	Diphtheria	Measles	Mumps	Scarlet fever	Small pox	Tuberculosis	Typhoid fever	Whooping cough
Alabama	-------	30	904	352	63	175	335	34	133
Arizona	37	8	24	10	61	1	109	7	21
Arkansas	135	5	143	107	27	30	[1] 31	12	167
California	1,181	381	1,148	1,256	474	337	795	122	285
Colorado	257	83	211	12	145	4	141	8	351
Connecticut	170	65	2,427	40	392	0	148	4	266
Delaware	12	10	289	1	39	0	[1] 14	1	12
District of Columbia	124	62	2,264	-------	102	1	95	2	165
Florida	255	107	239	114	35	407	120	46	144
Georgia	197	37	587	267	33	115	102	16	111
Idaho	63	14	150	118	74	51	7	19	263
Illinois	925	326	4,299	356	1,507	164	1,755	44	870
Indiana	261	122	6,892	17	947	445	240	14	604
Iowa [2]	-------	-------	-------	-------	-------	-------	-------	-------	-------
Kansas	349	66	2,704	179	269	50	180	9	592
Kentucky [2]	-------	-------	-------	-------	-------	-------	-------	-------	-------
Louisiana	71	31	93	70	98	105	[1] 166	48	45
Maine	74	11	1,342	207	86	0	38	18	156
Maryland	357	89	2,609	945	207	0	329	30	255
Massachusetts	440	228	3,776	471	1,103	4	773	23	1,376
Michigan	484	303	6,532	200	1,401	28	493	18	811
Minnesota	538	272	2,389	-------	1,434	20	264	14	179
Mississippi	1,000	66	1,942	1,665	37	106	361	59	1,669
Missouri	73	220	3,799	63	1,007	38	144	21	309
Montana	98	8	201	71	175	28	63	0	52
Nebraska [3]	-------	-------	-------	-------	-------	-------	-------	-------	-------
Nevada [4]	-------	-------	-------	-------	-------	-------	-------	-------	-------
New Hampshire [4]	-------	-------	-------	-------	-------	-------	-------	-------	-------
New Jersey	717	259	9,914	-------	800	1	477	28	346
New Mexico [3]	-------	-------	-------	-------	-------	-------	-------	-------	-------
New York	1,194	950	15,052	858	1,792	14	1,762	71	2,066
North Carolina	561	81	1,166	-------	106	132	-------	13	828
North Dakota	45	38	614	131	385	12	14	12	63
Ohio	667	370	11,250	289	1,419	253	663	21	1,432
Oklahoma [5]	100	50	264	32	156	128	98	28	182
Oregon	198	88	332	242	225	99	61	11	198
Pennsylvania [3]	-------	-------	-------	-------	-------	-------	-------	-------	-------
Rhode Island	28	18	802	17	35	0	54	3	87
South Carolina	358	107	139	21	31	106	246	32	454
South Dakota	79	22	249	254	518	29	17	6	38
Tennessee	202	55	1,705	79	165	91	225	25	180
Texas [3]	-------	-------	-------	-------	-------	-------	-------	-------	-------
Utah [3]	-------	-------	-------	-------	-------	-------	-------	-------	-------
Vermont	89	9	107	76	38	0	[1] 23	0	189
Virginia	696	72	3,786	-------	342	61	[1] 172	20	702
Washington	301	58	284	256	322	283	194	25	302
West Virginia	167	55	1,956	-------	204	73	78	18	166
Wisconsin	898	162	3,930	826	796	27	193	12	858
Wyoming	55	7	12	17	138	2	2	0	60

[1] Pulmonary.
[2] Reports not received at time of going to press.
[3] Reports received weekly.
[4] Reports received annually.
[5] Exclusive of Oklahoma City and Tulsa.

Case Rates per 1,000 Population (Annual Basis) for the Month of April, 1926

State	Chicken pox	Diphtheria	Measles	Mumps	Scarlet fever	Smallpox	Tuberculosis	Typhoid fever	Whooping cough
Alabama	------	0.15	4.42	1.72	0.31	0.86	1.64	0.17	0.65
Arizona	1.07	.23	.69	.29	1.76	.03	3.15	.20	.61
Arkansas	.86	.03	.93	.70	.18	.20	1.20	.08	1.09
California	3.48	1.12	3.38	3.70	1.40	.99	2.34	.36	.84
Colorado	3.02	.98	2.48	.14	1.71	.05	1.66	.09	4.13
Connecticut	1.33	.51	18.95	.31	3.06	.00	1.16	.03	2.08
Delaware	.62	.51	14.85	.05	2.00	.00	1.72	.05	.62
District of Columbia	2.96	1.48	54.13	------	2.44	.02	2.27	.05	3.94
Florida	2.79	1.17	2.61	1.25	.38	4.45	1.31	.50	1.57
Georgia	.78	.15	2.31	1.05	.13	.45	.40	.06	.44
Idaho	1.52	.34	3.63	2.85	1.79	1.23	.17	.46	6.36
Illinois	1.60	.56	7.42	.61	2.60	.28	3.03	.08	1.50
Indiana	1.03	.48	27.19	.07	3.74	1.76	.95	.06	2.38
Iowa [2]									
Kansas	2.33	.44	18.06	1.20	1.80	.33	1.20	.06	3.95
Kentucky [3]									
Louisiana	.46	.20	.60	.45	.63	.67	[1] 1.07	.31	.29
Maine	1.15	.17	20.79	3.21	1.33	.00	.59	.28	2.42
Maryland	2.80	.70	20.44	7.40	1.62	.00	2.58	.24	2.00
Massachusetts	1.28	.66	11.00	1.37	3.21	.01	2.25	.07	4.01
Michigan	1.39	.87	18.73	.57	4.02	.08	1.41	.05	2.33
Minnesota	2.52	1.27	11.20	------	6.72	.09	1.24	.07	.84
Mississippi	6.80	.45	13.20	11.31	.25	1.72	2.45	.40	11.34
Missouri	.26	.77	13.29	.22	3.52	.13	.50	.07	1.08
Montana	1.79	.15	3.68	1.30	3.20	.51	1.15	.00	.95
Nebraska [3]									
Nevada [4]									
New Hampshire [4]									
New Jersey	2.44	.88	33.79	------	2.73	.00	1.63	.10	1.18
New Mexico [3]									
New York	1.29	1.04	16.30	.93	1.94	.02	1.91	.08	2.26
North Carolina	2.44	.35	5.07	------	.46	.66	------	.06	3.60
North Dakota	.79	.67	10.77	2.30	6.75	.21	.25	.21	1.11
Ohio	1.26	.70	21.31	.55	2.69	.48	1.26	.04	2.75
Oklahoma [5]	.53	.27	1.41	.17	.83	.68	.52	.15	.97
Oregon	2.81	1.25	4.71	3.43	3.19	1.40	.87	.16	2.81
Pennsylvania [3]									
Rhode Island	.53	.34	15.11	.32	.66	.00	1.02	.06	1.64
South Carolina	2.42	.72	.94	.14	.21	.72	1.67	.22	3.07
South Dakota	1.43	.40	4.51	4.60	9.38	.53	.31	.11	.69
Tennessee	1.01	.27	8.50	.39	.82	.45	1.12	.12	.75
Texas [3]									
Utah [3]									
Vermont	3.07	.31	3.69	2.62	1.31	.00	[1] 1.79	.00	6.52
Virginia	3.42	.35	18.61	------	1.68	.30	[1] 1.85	.10	3.45
Washington	2.44	.47	2.30	2.08	2.61	2.29	1.57	.20	2.45
West Virginia	1.25	.41	14.63	------	1.53	.55	.58	.13	1.24
Wisconsin	3.86	.70	16.89	3.55	3.42	.12	.83	.05	3.69
Wyoming	2.95	.38	.64	.91	7.40	.11	.11	.00	2.22

[1] Pulmonary.
[2] Reports not received at time of going to press.
[3] Reports received weekly.
[4] Reports received annually.
[5] Exclusive of Oklahoma City and Tulsa.

Number of Cases of Certain Communicable Diseases Reported for the Month of March, 1926, by State Health Officers

State	Chicken pox	Diphtheria	Measles	Mumps	Scarlet fever	Smallpox	Tuberculosis	Typhoid fever	Whooping cough
Alabama	296	48	521	241	80	150	434	30	110
Arizona	55	17	10	27	43	1	112	4	6
Arkansas	124	20	116	105	49	36	[1] 50	11	142
California	2,071	619	780	1,910	815	745	1,135	41	367
Colorado	287	139	191	20	193	5	191	62	517
Connecticut	294	190	4,670	71	426	0	161	6	503
Delaware	17	12	483	-------	42	0	[1] 13	1	22
District of Columbia	129	57	1,555	-------	92	6	138	7	125
Florida	272	73	198	121	61	782	44	29	85
Georgia	237	34	368	219	52	176	114	8	160
Idaho	55	24	106	149	85	94	[1] 4	6	107
Illinois	1,506	356	4,514	533	2,050	107	1,359	44	939
Indiana	374	101	6,948	14	914	441	215	9	476
Iowa [2]	-------	-------	-------	-------	-------	-------	-------	-------	-------
Kansas	395	71	2,209	131	362	65	252	10	648
Kentucky [3]	-------	-------	-------	-------	-------	-------	-------	-------	-------
Louisiana	136	62	30	84	69	213	[1] 155	35	27
Maine	123	13	878	222	117	0	53	8	148
Maryland	438	88	4,337	816	211	0	320	20	277
Massachusetts	738	304	5,490	518	1,194	0	706	20	2,179
Michigan	666	397	8,258	239	1,781	30	475	35	1,176
Minnesota	642	177	1,262	-------	1,841	29	279	15	276
Mississippi	936	82	1,434	1,423	32	101	411	66	1,612
Missouri	399	290	2,439	242	1,195	50	127	7	352
Montana	112	16	59	129	251	45	37	5	57
Nebraska	-------	20	-------	-------	254	-------	-------	2	-------
Nevada [4]	-------	-------	-------	-------	-------	-------	-------	-------	-------
New Hampshire [4]	-------	-------	-------	-------	-------	-------	-------	-------	-------
New Jersey	800	312	10,449	-------	804	5	575	26	432
New Mexico [3]	-------	-------	-------	-------	-------	-------	-------	-------	-------
New York	1,928	979	16,627	1,110	2,032	7	1,830	103	2,503
North Carolina	924	107	1,094	-------	127	137	-------	6	632
North Dakota	101	41	117	119	403	17	18	-------	41
Ohio	1,054	364	14,861	276	1,984	309	613	33	1,689
Oklahoma [5]	104	65	127	31	193	102	54	14	204
Oregon	235	77	209	172	169	147	55	7	233
Pennsylvania [3]	-------	-------	-------	-------	-------	-------	-------	-------	-------
Rhode Island	21	41	1,634	19	55	0	52	1	85
South Carolina	34	75	71	29	22	131	246	29	514
South Dakota	120	19	134	308	392	43	6	11	25
Tennessee	200	44	1,535	107	116	47	195	14	84
Texas [3]	-------	-------	-------	-------	-------	-------	-------	-------	-------
Utah [3]	-------	-------	-------	-------	-------	-------	-------	-------	-------
Vermont	84	3	105	122	57	0	[1] 18	1	178
Virginia	798	96	2,140	-------	341	75	[1] 203	25	896
Washington	415	78	272	431	361	424	179	18	217
West Virginia	250	53	1,388	-------	158	73	70	26	291
Wisconsin	913	166	2,240	809	709	48	155	19	837
Wyoming	29	6	10	28	77	0	-------	0	40

[1] Pulmonary.
[2] Report not received at time of going to press.
[3] Reports received weekly.
[4] Reports received annually.
[5] Exclusive of Oklahoma City and Tulsa.

Case Rates per 1,000 Population (Annual Basis) for the Month of March, 1926

State	Chicken pox	Diphtheria	Measles	Mumps	Scarlet fever	Smallpox	Tuberculosis	Typhoid fever	Whooping cough
Alabama	1.40	0.23	2.46	1.14	0.38	0.71	2.05	0.14	0.52
Arizona	1.54	.48	.28	.75	1.20	.03	3.13	.11	.17
Arkansas	.78	.13	.73	.66	.31	.23	[1].31	.07	.89
California	5.90	1.76	2.22	5.45	2.32	2.12	3.24	.12	1.05
Colorado	3.27	1.58	2.18	.23	2.20	.06	2.18	.71	5.89
Connecticut	2.22	1.44	35.28	.54	3.22	.00	1.22	.05	3.80
Delaware	.85	.60	24.01	-------	2.09	.00	[1].65	.05	1.09
District of Columbia	2.98	1.32	35.98	-------	2.13	.14	3.19	.16	2.89
Florida	2.88	.77	2.09	1.28	.65	8.27	.47	.31	.90
Georgia	.90	.13	1.40	.84	.20	.67	.43	.03	.61
Idaho	1.29	.56	2.48	3.49	1.99	2.20	[1].09	.14	2.50
Illinois	2.52	.59	7.54	.89	3.42	.18	2.27	.07	1.57
Indiana	1.43	.39	26.53	.05	3.49	1.68	.82	.03	1.82
Iowa [2]	-------	-------	-------	-------	-------	-------	-------	-------	-------
Kansas	2.55	.46	14.28	.85	2.34	.42	1.63	.06	4.19
Kentucky [3]	-------	-------	-------	-------	-------	-------	-------	-------	-------
Louisiana	.85	.39	.19	.52	.43	1.32	[1].96	.22	.17
Maine	1.84	.19	13.17	3.33	1.75	.00	.79	.12	2.22
Maryland	3.32	.67	32.88	6.19	1.60	.00	2.43	.15	2.10
Massachusetts	2.08	.86	15.47	1.46	3.36	.00	1.99	.06	6.14
Michigan	1.85	1.10	22.92	.66	4.94	.08	1.32	.10	3.26
Minnesota	2.91	.80	5.72	-------	8.35	.13	1.27	.07	1.25
Mississippi	6.15	.54	9.43	9.36	.21	.66	2.70	.43	10.60
Missouri	1.35	.98	8.26	.82	4.05	.17	.43	.02	1.19
Montana	1.98	.28	1.05	2.29	4.45	.80	.66	.09	1.01
Nebraska	-------	.17	-------	-------	2.19	-------	-------	.02	-------
Nevada [4]	-------	-------	-------	-------	-------	-------	-------	-------	-------
New Hampshire [4]	-------	-------	-------	-------	-------	-------	-------	-------	-------
New Jersey	2.94	1.03	34.46	-------	2.95	.02	1.90	.09	1.42
New Mexico [2]	-------	-------	-------	-------	-------	-------	-------	-------	-------
New York	2.02	1.03	17.43	1.16	2.13	.01	1.92	.11	2.62
North Carolina	3.89	.45	4.61	-------	.53	.58	-------	.03	2.66
North Dakota	1.71	.70	1.99	2.02	6.84	.29	.31	-------	.70
Ohio	1.93	.67	27.24	.51	3.64	.57	1.12	.06	3.10
Oklahoma [5]	.54	.34	.66	.16	1.00	.53	.28	.07	1.05
Oregon	3.23	1.06	2.87	2.36	2.32	2.02	.76	.10	3.20
Pennsylvania [2]	-------	-------	-------	-------	-------	-------	-------	-------	-------
Rhode Island	.38	.75	29.79	.35	1.00	.00	.95	.02	1.55
South Carolina	.22	.49	.47	.19	.14	.86	1.61	.19	3.37
South Dakota	2.10	.33	2.35	5.40	6.87	.75	.11	.19	.44
Tennessee	.97	.21	7.41	.52	.56	.23	.94	.07	.41
Texas [2]	-------	-------	-------	-------	-------	-------	-------	-------	-------
Utah [2]	-------	-------	-------	-------	-------	-------	-------	-------	-------
Vermont	2.81	.10	3.51	4.08	1.90	.00	[1].60	.03	5.95
Virginia	3.80	.46	10.18	-------	1.62	.36	[1].97	.12	4.26
Washington	3.26	.61	2.13	3.38	2.83	3.33	1.40	.14	1.70
West Virginia	1.81	.38	10.05	-------	1.14	.53	.51	.19	2.11
Wisconsin	3.80	.69	9.31	3.36	2.95	.20	.64	.08	3.48
Wyoming	1.51	.31	.52	1.45	4.00	.00	-------	.00	2.08

[1] Pulmonary.
[2] Report not received at time of going to press.
[3] Reports received weekly.
[4] Reports received annually.
[5] Exclusive of Oklahoma City and Tulsa.

PLAGUE ERADICATIVE MEASURES IN LOS ANGELES, CALIF.

The following items were taken from the report of plague eradicative measures from Los Angeles, Calif.:

Week ended June 5, 1926:

Number of rats trapped	317
Number of rats found to be plague infected	0
Number of squirrels examined	1,183
Number of squirrels found to be plague infected	0
Number of mice trapped	266
Number of mice found to be plague infected	0

Date of discovery of last plague-infected rodent, Nov. 6, 1925.
Date o last human case, Jan. 15, 1925.

GENERAL CURRENT SUMMARY AND WEEKLY REPORTS FROM CITIES

Diphtheria.—For the week ended May 29, 1926, 36 States reported 1,001 cases of diphtheria. For the week ended May 30, 1925, the same States reported 1,012 cases of this disease. Ninety-nine cities, situated in all parts of the country and having an aggregate population of nearly 29,800,000, reported 707 cases of diphtheria for the week ended May 29, 1926. Last year for the corresponding week they reported 813 cases. The estimated expectancy for these cities was 848 cases. The estimated expectancy is based on the experience of the last nine years, excluding epidemics.

Measles.—Thirty-four States reported 15,578 cases of measles for the week ended May 29, 1926, and 4,996 cases of this disease for the week ended May 30, 1925. Ninety-nine cities reported 7,028 cases of measles for the week this year, and 3,243 cases last year.

Poliomyelitis.—The health officers of 37 States reported 16 cases of poliomyelitis for the week ended May 29, 1926. The same States reported 15 cases for the week ended May 30, 1925.

Scarlet fever.—Scarlet fever was reported for the week as follows: Thirty-six States—this year, 2,882 cases; last year, 2,568 cases; 99 cities—this year, 1,555 cases; last year, 1,479 cases; estimated expectancy, 959 cases.

Smallpox.—For the week ended May 29, 1926, 37 States reported 495 cases of smallpox. Last year for the corresponding week they reported 725 cases. Ninety-nine cities reported smallpox for the week as follows: 1926, 109 cases; 1925, 271 cases; estimated expectancy, 121 cases. Three deaths from smallpox were reported by these cities for the week this year—at Los Angeles, Calif.

Typhoid fever.—Two hundred and nineteen cases of typhoid fever were reported for the week ended May 29, 1926, by 36 States. For the corresponding week of 1925, the same States reported 366 cases of this disease. Ninety-nine cities reported 56 cases of typhoid fever for the week this year and 85 cases for the corresponding week last year. The estimated expectancy for these cities was 78 cases.

Influenza and pneumonia.—Deaths from influenza and pneumonia were reported for the week by 93 cities, with a population of more than 29,000,000, as follows: 1926, 733 deaths; 1925, 722.

City reports for week ended May 29, 1926

The "estimated expectancy" given for diphtheria, poliomyelitis, scarlet fever, smallpox, and typhoid fever is the result of an attempt to ascertain from previous occurrence how many cases of the disease under consideration may be expected to occur during a certain week in the absence of epidemics. It is based on reports to the Public Health Service during the past nine years. It is in most instances the median number of cases reported in the corresponding week of the preceding years. When the reports include several epidemics or when for other reasons the median is unsatisfactory, the epidemic periods are excluded and the estimated expectancy is the mean number of cases reported for the week during nonepidemic years.

If reports have not been received for the full nine years, data are used for as many years as possible, but no year earlier than 1917 is included. In obtaining the estimated expectancy the figures are smoothed when necessary to avoid abrupt deviations from the usual trend. For some of the diseases given in the table the available data were not sufficient to make it practicable to compute the estimated expectancy.

Division, State, and city	Population July 1, 1925, estimated	Chicken pox, cases reported	Diphtheria		Influenza		Measles, cases reported	Mumps, cases reported	Pneumonia, deaths reported
			Cases, estimated expectancy	Cases reported	Cases reported	Deaths reported			
NEW ENGLAND									
Maine:									
Portland	75,333	0	1	1	0	0	80	1	1
New Hampshire:									
Concord	22,546	0	0	0	0	1	0	0	1
Vermont:									
Barre	10,008	0	0	0	0	1	0	1	1
Burlington	24,089	0	0	0	0	0	16	0	1
Massachusetts:									
Boston	779,620	33	51	19	4	1	148	63	16
Fall River	128,993	2	3	1	0	0	1	2	1
Springfield	142,065	2	3	1	0	0	22	0	0
Worcester	190,757	0	4	5	0	0	3	0	4
Rhode Island:									
Pawtucket	69,760	1	1	2	0	0	73	0	1
Providence	267,918	0	8	4	0	1	46	0	7
Connecticut:									
Bridgeport	(1)	1	5	0	0	0	3	0	2
Hartford	160,197	4	6	1	0	0	12	0	5
New Haven	178,927	10	3	0	0	0	62	5	13
MIDDLE ATLANTIC									
New York:									
Buffalo	538,016	20	11	12	0	1	32	1	25
New York	5,873,356	117	262	187	31	14	804	92	168
Rochester	316,786	13	7	16	0	0	65	1	2
Syracuse	182,003	9	6	0	0	0	254	13	5
New Jersey:									
Camden	128,642	6	3	2	0	0	25	0	6
Newark	452,513	52	14	9	4	0	134	20	8
Trenton	132,020	2	3	1	0	0	35	0	3
Pennsylvania:									
Philadelphia	1,979,364	61	63	55	.....	3	344	11	50
Pittsburgh	631,563	45	19	9	.....	5	202	2	22
Reading	112,707	9	3	0	.....	0	25	0	2
EAST NORTH CENTRAL									
Ohio:									
Cincinnati	409,333	6	7	5	0	1	229	22	6
Cleveland	936,485	.....	19	25	4	0	43	.....	12
Columbus	279,836	5	3	9	0	3	92	0	1
Toledo	287,380	41	4	4	0	3	333	0	8
Indiana:									
Fort Wayne	97,846	4	2	1	0	2	85	0	1
Indianapolis	358,819	15	5	2	0	0	28	3	12
South Bend	80,091	1	0	1	0	0	41	0	1
Terre Haute	71,071	0	0	0	0	0	20	0	1
Illinois:									
Chicago	2,995,239	198	90	52	11	3	216	12	53
Peoria	81,564	2	1	0	0	0	0	1	2
Springfield	63,923	4	0	0	1	0	28	4	2
Michigan:									
Detroit	1,245,824	54	39	48	0	2	64	8	35
Flint	130,316	14	4	3	0	0	134	0	8
Grand Rapids	153,698	3	2	0	0	2	405	0	2

[1] No estimate made.

City reports for week ended May 29, 1926—Continued

Division, State, and city	Population July 1, 1925, estimated	Chicken pox, cases reported	Diphtheria		Influenza		Measles, cases reported	Mumps, cases reported	Pneumonia, deaths reported
			Cases, estimated expectancy	Cases reported	Cases reported	Deaths reported			
EAST NORTH CENTRAL—continued									
Wisconsin:									
Kenosha	50,891	7	1	1	0	0	18	1	1
Madison	46,385	3	0	1	0	0	112	0	0
Milwaukee	599,192	66	11	12	3	3	312	32	18
Racine	67,707	0	0	0	0	0	320	6	2
Superior	39,671	0	1	0	0	0	9	0	2
WEST NORTH CENTRAL									
Minnesota:									
Duluth	110,502	13	1	0	0	0	104	2	2
Minneapolis	425,435	78	14	19	0	1	108	1	13
St. Paul	246,001	19	15	5	0	1	350	1	6
Iowa:									
Davenport	52,469	5	0	0	0	----	3	0	----
Des Moines	141,441	1	2	0	0	----	0	0	----
Sioux City	76,411	2	1	0	0	----	0	1	----
Waterloo	36,771	5	0	0	0	----	54	1	----
Missouri:									
Kansas City	357,481	3	6	1	2	2	94	0	5
St. Joseph	78,342	3	1	0	0	1	24	0	3
St. Louis	821,543	17	39	57	1	1	668	7	----
North Dakota:									
Fargo	26,403	1	0	0	0	0	0	0	0
Grand Forks	14,811	----	1	----	----	----	----	----	----
South Dakota:									
Aberdeen	15,036	3	0	0	0	----	18	8	----
Sioux Falls	30,127	0	0	0	0	0	8	0	0
Nebraska:									
Lincoln	60,941	5	1	2	0	0	2	0	0
Omaha	211,768	37	2	0	0	0	94	1	7
Kansas:									
Topeka	55,411	33	2	0	0	0	7	0	1
Wichita	88,367	3	1	0	0	0	27	0	3
SOUTH ATLANTIC									
Delaware:									
Wilmington	122,049	2	1	0	0	0	0	0	1
Maryland:									
Baltimore	796,296	92	18	13	5	2	66	167	20
Cumberland	33,741	0	0	1	0	0	16	0	2
Frederick	12,035	0	0	1	0	0	4	0	0
District of Columbia:									
Washington	497,906	21	0	20	0	0	248	0	12
Virginia:									
Lynchburg	30,305	7	0	3	0	0	56	0	0
Norfolk	(1)	50	1	0	0	0	10	0	3
Richmond	186,403	3	1	4	0	1	122	14	1
Roanoke	58,208	2	0	0	0	0	42	0	1
West Virginia:									
Charleston	49,019	1	0	0	0	0	20	0	----
Wheeling	56,208	5	0	0	0	0	140	0	4
North Carolina:									
Raleigh	30,371	1	0	0	0	0	4	0	1
Wilmington	37,061	8	0	0	0	0	9	0	1
Winston-Salem	69,031	13	1	2	0	0	14	10	0
South Carolina:									
Charleston	73,125	4	0	1	0	1	8	0	2
Columbia	41,225	10	0	0	0	0	0	0	0
Greenville	27,311	0	0	0	0	0	1	1	0
Georgia:									
Atlanta	(1)	3	1	0	3	1	43	1	6
Brunswick	16,809	1	0	0	0	0	4	0	0
Savannah	93,134	5	0	0	0	1	2	1	2
Florida:									
Miami	69,754	4	----	7	0	0	19	5	2
Tampa	94,743	6	1	0	0	0	8	0	2

[1] No estimate made.

City reports for week ended May 29, 1926—Continued

Division, State, and city	Population July 1, 1925, estimated	Chicken pox, cases reported	Diphtheria		Influenza		Measles, cases reported	Mumps, cases reported	Pneumonia, deaths reported
			Cases, estimated expectancy	Cases reported	Cases reported	Deaths reported			
EAST SOUTH CENTRAL									
Kentucky:									
Covington	58,309	0	1	1	0	0	10	0	0
Louisville	305,935	3	3	5	0	0	63	0	14
Tennessee:									
Memphis	174,533	16	2	1	0	1	210	0	5
Nashville	136,220	3	0	0	0	1	8	0	5
Alabama:									
Birmingham	205,670	6	0	0	5	2	157	2	9
Mobile	65,956	0	1	0	0	1	0	0	0
Montgomery	46,481	1	0	1	0	0	10	2	0
WEST SOUTH CENTRAL									
Arkansas:									
Fort Smith	31,643	5	0	0	0	----	1	1	----
Little Rock	74,216	1	0	0	0	0	20	0	0
Louisiana:									
New Orleans	414,493	1	6	7	5	0	3	0	8
Shreveport	57,857	2	0	0	0	0	0	4	3
Oklahoma:									
Oklahoma City	(1)	0	1	1	6	0	3	0	3
Texas:									
Dallas	194,450	25	3	3	0	1	0	0	2
Galveston	48,375	0	0	0	0	0	0	0	0
Houston	164,954	0	2	3	0	1	0	0	2
San Antonio	198,069	0	1	2	0	0	2	0	8
MOUNTAIN									
Montana:									
Billings	17,971	7	0	0	0	0	14	0	1
Great Falls	29,883	7	1	0	0	0	57	0	1
Helena	12,037	0	0	0	0	0	0	0	0
Missoula	12,668	3	0	0	0	0	1	0	0
Idaho:									
Boise	23,942	2	0	0	0	0	0	2	0
Colorado:									
Denver	280,911	37	10	1	----	1	31	3	4
Pueblo	43,787	17	1	3	0	0	33	0	0
New Mexico:									
Albuquerque	21,000	5	0	1	0	0	4	6	0
Arizona:									
Phoenix	38,669	0	1	0	0	0	1	0	1
Utah:									
Salt Lake City	130,948	----	3	10	0	0	7	----	4
Nevada:									
Reno	12,665	0	0	0	0	0	0	0	0
PACIFIC									
Washington:									
Seattle	(1)	42	4	14	0	----	43	18	----
Spokane	108,897	19	2	4	0	----	10	0	----
Tacoma	104,455	5	1	1	0	0	8	0	2
Oregon:									
Portland	282,383	20	4	5	0	0	67	11	8
California:									
Los Angeles	(1)	51	33	28	8	0	8	14	13
Sacramento	72,200	3	2	3	0	1	1	11	0
San Francisco	557,530	54	18	9	4	2	228	17	3

[1] No estimate made.

City reports for week ended May 29, 1926—Continued

Division, State, and city	Scarlet fever		Smallpox			Tuberculosis, deaths reported	Typhoid fever			Whooping cough, cases reported	Deaths, all causes
	Cases, estimated expectancy	Cases reported	Cases, estimated expectancy	Cases reported	Deaths reported		Cases, estimated expectancy	Cases reported	Deaths reported		
NEW ENGLAND											
Maine:											
Portland	1	3	0	0	0	0	1	0	0	7	22
New Hampshire:											
Concord	1	1	0	0	0	0	0	0	0	0	9
Vermont:											
Barre	1	0	0	0	0	1	0	0	0	0	8
Burlington	0	0	0	0	0	0	0	0	0	0	5
Massachusetts:											
Boston	48	54	0	0	0	22	2	2	0	87	188
Fall River	3	4	0	0	0	3	1	0	0	6	42
Springfield	5	9	0	0	0	3	0	0	0	5	32
Worcester	8	12	0	0	0	4	1	0	0	8	64
Rhode Island:											
Pawtucket	1	4	0	0	0	1	0	1	0	9	17
Providence	8	1	0	0	0	3	1	0	1	12	69
Connecticut:											
Bridgeport	6	16	0	0	0	2	1	0	0	1	30
Hartford	4	2	0	0	0	2	0	0	0	4	41
New Haven	4	3	0	0	0	2	1	0	0	5	31
MIDDLE ATLANTIC											
New York:											
Buffalo	19	15	1	0	0	16	0	1	0	20	154
New York	220	221	0	0	0	107	12	5	2	63	1,367
Rochester	13	9	0	0	0	2	0	1	0	18	75
Syracuse	11	3	0	0	0	1	0	0	0	27	44
New Jersey:											
Camden	4	6	0	0	0	2	0	1	0	1	34
Newark	16	20	1	0	0	5	0	1	2	32	103
Trenton	2	5	0	0	0	10	1	0	0	2	43
Pennsylvania:											
Philadelphia	71	104	1	0	0	44	5	2	0	31	461
Pittsburgh	25	38	1	2	0	8	1	0	0	84	163
Reading	2	4	0	0	0	0	1	0	0	8	34
EAST NORTH CENTRAL											
Ohio:											
Cincinnati	11	14	2	0	0	18	0	4	1	24	124
Cleveland	19	79	1	0	0	16	1	2	0	----	185
Columbus	7	21	2	11	0	4	0	0	0	11	73
Toledo	11	12	3	0	0	6	0	1	0	44	71
Indiana:											
Fort Wayne	3	6	4	0	0	2	0	0	0	1	26
Indianapolis	10	15	9	4	0	12	1	2	1	21	116
South Bend	4	3	2	0	0	1	0	0	0	3	15
Terre Haute	3	0	1	0	0	0	0	0	0	2	17
Illinois:											
Chicago	106	131	3	4	0	56	4	3	0	71	676
Peoria	3	2	0	0	0	0	0	0	0	9	23
Springfield	1	5	0	0	0	2	0	0	0	11	18
Michigan:											
Detroit	68	135	3	0	0	31	3	2	3	46	279
Flint	5	28	2	0	0	1	0	0	0	5	33
Grand Rapids	6	29	1	0	0	2	0	0	0	7	26
Wisconsin:											
Kenosha	1	0	0	0	0	1	0	0	0	3	8
Madison	2	3	1	0	0	0	0	0	0	0	6
Milwaukee	21	20	5	0	0	5	1	0	0	67	101
Racine	4	3	1	0	0	0	0	0	0	18	19
Superior	1	5	2	0	0	0	0	0	0	0	10
WEST NORTH CENTRAL											
Minnesota:											
Duluth	4	30	2	0	0	1	1	0	0	6	28
Minneapolis	28	76	10	0	0	4	1	0	0	1	108
St. Paul	20	33	4	0	0	1	1	0	0	36	55

[1] Pulmonary tuberculosis only.

City reports for week ended May 29, 1926—Continued

Division, State, and city	Scarlet fever		Smallpox			Tuberculosis, deaths reported	Typhoid fever			Whooping cough, cases reported	Deaths, all causes
	Cases, estimated expectancy	Cases reported	Cases, estimated expectancy	Cases reported	Deaths reported		Cases, estimated expectancy	Cases reported	Deaths reported		
WEST NORTH CENTRAL—continued											
Iowa:											
Davenport	0	1	5	1			0	0		1	
Des Moines	6	7	3	0			0	0		0	
Sioux City	2	8	1	5			0	0		2	
Waterloo	2	0	0	0			1	0		10	
Missouri:											
Kansas City	7	15	3	0	0	8	1	0	0	16	107
St. Joseph	1	7	0	1	0	1	0	0	0	0	37
St. Louis	27	95	3	3	0	2	2	2	0	45	271
North Dakota:											
Fargo	0	6	0	3	0	1	0	0	0	0	10
Grand Forks	0		0				0				
South Dakota:											
Aberdeen	1	14	0	0			0	0		22	
Sioux Falls	1	2	0	0	0	0	0	0	0	0	5
Nebraska:											
Lincoln	1	2	0	2	0	0	0	0	0	19	12
Omaha	4	67	5	10	0	5	1	0	0	0	58
Kansas:											
Topeka	2	9	1	0	0	0	0	0	0	9	16
Wichita	2	1	3	0	0	1	0	0	0	12	34
SOUTH ATLANTIC											
Delaware:											
Wilmington	4	4	0	0	0	1	1	0	0	2	30
Maryland:											
Baltimore	25	24	1	0	0	19	3	2	0	49	193
Cumberland	1	1	0	0	0	0	0	0	0	1	7
Frederick	0	0	0	0	0	0	0	0	0	2	1
District of Columbia:											
Washington	17	20	2	0	0	12	2	0	1	34	120
Virginia:											
Lynchburg	1	4	0	0	0	1	0	0	0	7	13
Norfolk	1	12	0	3	0	1	1	0	0	20	
Richmond	2	12	1	0	0	6	0	0	0	2	49
Roanoke	1	1	0	0	0	0	0	0	0	0	18
West Virginia:											
Charleston	1	0	0	0	0		0	0	0	2	
Wheeling	2	1	0	1	0	0	1	0	0	0	20
North Carolina:											
Raleigh	0	1	0	0	0	2	0	0	0	10	22
Wilmington	0	0	0	0	0	1	1	0	0	7	9
Winston-Salem	1	1	3	0	0	2	0	0	0	3	25
South Carolina:											
Charleston	0	0	1	1	0	2	1	2	0	1	24
Columbia	0	0	0	0	0	0	1	4	0	0	
Greenville	0	0	0	1	0	0	1	0	0	4	10
Georgia:											
Atlanta	4	2	5	1	0	3	1	2	1	7	74
Brunswick	0	0	0	0	0	1	1	0	0	0	4
Savannah	0	0	0	1	0	1	1	0	0	0	24
Florida:											
Miami		0				1		0	1	2	32
Tampa	1	2	0	7	0	1	0	4	2	3	35
EAST SOUTH CENTRAL											
Kentucky:											
Covington	1	1	1	1	0	0	0	1	0	0	
Louisville	4	16	1	0	0	4	1	1	0	2	95
Tennessee:											
Memphis	4	12	2	2	0	9	1	1	0	2	69
Nashville	2	3	1	0	0	4	1	0	0	6	39
Alabama:											
Birmingham	1	1	7	8	0	4	2	2	1	28	73
Mobile	0	0	1	0	0	2	1	1	0	2	21
Montgomery	1	0	1	1	0	0	0	0	0	0	4

City reports for week ended May 29, 1926—Continued

Division, State, and city	Scarlet fever		Smallpox			Tuberculosis, deaths reported	Typhoid fever			Whooping cough, cases reported	Deaths, all causes
	Cases, estimated expectancy	Cases reported	Cases, estimated expectancy	Cases reported	Deaths reported		Cases, estimated expectancy	Cases reported	Deaths reported		
WEST SOUTH CENTRAL											
Arkansas:											
Fort Smith	1	1	0	0			0	0		5	
Little Rock	0	12	0	1	0	0	1	1	0	2	
Louisiana:											
New Orleans	3	8	2	2	0	17	3	0	0	7	160
Shreveport	0	1	2	0	0	2	0	0	0	5	29
Oklahoma:											
Oklahoma City	1	2	5	0	0	0	0	1	0	0	22
Texas:											
Dallas	2	2	2	9	0	4	1	2	0	5	43
Galveston	0	0	0	2	0	0	1	0	0	0	11
Houston	1	2	0	9	0	5	0	0	0	0	43
San Antonio	0	1	0	0	0	10	0	0	1	0	64
MOUNTAIN											
Montana:											
Billings	0	1	0	0	0	0	0	0	0	0	9
Great Falls	2	0	2	0	0	1	0	0	0	4	6
Helena	0	0	0	0	0	0	0	0	0	0	3
Missoula	0	0	0	0	0	0	0	0	0	0	4
Idaho:											
Boise	0	0	0	3	0	0	0	0	0	0	6
Colorado:											
Denver	10	7	1	0	0	7	1	0	0	24	65
Pueblo	1	0	1	0	0	0	1	0	0	0	13
New Mexico:											
Albuquerque	0	4	0	0	0	6	0	0	0	19	19
Arizona:											
Phoenix	0	0	0	1	0	6	0	0	0	0	18
Utah:											
Salt Lake City	2	3	1	1	0	2	1	0	0		30
Nevada:											
Reno	0	0	0	0	0	0	0	0	0	0	3
PACIFIC											
Washington:											
Seattle	9	6	3	0			0	1		8	
Spokane	4	12	4	0			1	0		1	
Tacoma	2	5	2	5	0	1	0	1	0	0	28
Oregon:											
Portland	6	28	8	10	0	3	1	0	0	2	67
California:											
Los Angeles	17	24	4	6	3	21	2	2	0	13	208
Sacramento	1	1	1	1	0	1	1	0	0	0	22
San Francisco	14	19	1	0	0	7	0	0	0	6	146

Division, State, and city	Cerebrospinal meningitis		Lethargic encephalitis		Pellagra		Poliomyelitis (infantile paralysis)		
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases, estimated expectancy	Cases	Deaths
NEW ENGLAND									
Vermont:									
Barre	0	0	0	0	0	0	0	1	0
Massachusetts:									
Boston	0	0	1	0	1	0	0	1	0
Fall River	0	0	0	1	0	0	0	0	0
Connecticut:									
Hartford	0	1	0	0	0	0	0	0	0
New Haven	0	0	0	1	0	0	0	0	0

City reports for week ended May 29, 1926—Continued

Division, State, and city	Cerebrospinal meningitis		Lethargic encephalitis		Pellagra		Poliomyelitis (infantile paralysis)		
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases, estimated expectancy	Cases	Deaths
MIDDLE ATLANTIC									
New York:									
Buffalo	1	0	0	0	0	0	0	0	0
New York	5	2	1	4	0	1	1	2	1
Pennsylvania:									
Philadelphia	0	0	0	1	0	0	0	0	0
EAST NORTH CENTRAL									
Ohio:									
Cleveland	0	1	0	0	0	0	0	0	0
Toledo	1	0	0	0	0	0	0	0	0
Illinois:									
Chicago	1	0	1	0	0	0	0	0	0
Michigan:									
Detroit	0	0	2	0	0	0	0	0	0
WEST NORTH CENTRAL									
Minnesota:									
Minneapolis	1	0	0	0	0	0	0	0	0
North Dakota:									
Fargo	0	0	0	1	0	0	0	0	0
SOUTH ATLANTIC									
District of Columbia:									
Washington	0	0	0	1	0	0	0	0	0
Virginia:									
Norfolk	1	0	0	0	0	0	0	0	0
Roanoke	0	0	0	0	0	1	0	0	0
North Carolina:									
Raleigh	0	0	0	0	0	1	0	0	0
Winston-Salem	0	0	0	0	2	0	0	0	0
South Carolina:									
Charleston[1]	0	0	0	0	2	2	0	0	0
Georgia:									
Atlanta	0	0	0	1	0	0	0	0	0
Brunswick	0	0	0	0	0	1	0	0	0
Florida:									
Tampa	0	0	0	0	1	0	0	0	0
EAST SOUTH CENTRAL									
Tennessee:									
Memphis	0	0	0	0	0	1	0	0	0
Alabama:									
Mobile	0	0	0	0	0	1	0	0	0
WEST SOUTH CENTRAL									
Louisiana:									
New Orleans	0	0	0	0	2	1	0	0	0
Shreveport	0	0	0	0	0	2	0	0	0
Texas:									
Dallas	0	0	0	0	1	0	0	0	0
Galveston	0	0	0	0	0	1	0	0	0
Houston	0	0	0	0	0	1	0	0	0
San Antonio	0	0	0	0	0	1	0	0	0
PACIFIC									
Washington:									
Seattle	1	0	0	0	0	0	0	0	0
Spokane	1	0	0	0	0	0	0	0	0
Oregon:									
Portland	0	0	0	1	0	0	0	0	0
California:									
Los Angeles	0	0	1	1	2	1	0	3	0
San Francisco	1	1	1	0	0	0	0	0	0

[1] Dengue, 1 case at Charleston, S. C.

The following table gives the rates per 100,000 population for 103 cities for the five-week period ended May 29, 1926, compared with those for a like period ended May 30, 1925. The population figures used in computing the rates are approximate estimates as of July 1, 1925 and 1926, respectively, authoritative figures for many of the cities not being available. The 103 cities reporting cases had an estimated aggregate population of nearly 30,000,000 in 1925 and nearly 30,500,000 in 1926. The 96 cities reporting deaths had more than 29,250,000 estimated population in 1925 and more than 29,750,000 in 1926. The number of cities included in each group and the estimated aggregate populations are shown in a separate table below.

Summary of weekly reports from cities, April 25 to May 29, 1926—Annual rates per 100,000 population—Compared with rates for the corresponding period of 1925 [1]

DIPHTHERIA CASE RATES

	Week ended									
	May 2, 1925	May 1, 1926	May 9, 1925	May 8, 1926	May 16, 1925	May 15, 1926	May 23, 1925	May 22, 1926	May 30, 1925	May 29, 1926
103 cities	152	110	[2] 152	[3] 115	[4] 158	[4] 122	148	[4] 119	[4] 144	[7] 124
New England	122	83	105	106	149	87	122	78	110	80
Middle Atlantic	212	114	211	125	237	135	202	138	210	145
East North Central	102	97	106	80	[9] 102	96	101	117	100	108
West North Central	195	200	269	[3] 195	205	[5] 228	243	[9] 167	187	[9] 190
South Atlantic	98	68	98	75	81	77	83	71	[6] 72	[6] 98
East South Central	37	73	11	62	32	52	37	36	11	42
West South Central	66	56	62	60	53	82	40	47	62	65
Mountain	111	118	102	146	148	182	129	127	139	127
Pacific	196	164	[4] 117	178	[10] 132	175	157	104	180	159

MEASLES CASE RATES

103 cities	589	1,706	[2] 603	[3] 1,712	[4] 599	[5] 1,557	579	[4] 1,439	[4] 560	[7] 1,230
New England	968	1,529	949	1,714	1,845	1,198	1,014	1,075	836	1,064
Middle Atlantic	731	1,417	793	1,429	765	1,198	615	1,133	701	956
East North Central	706	1,486	830	1,454	[9] 795	1,371	888	1,372	839	1,282
West North Central	76	3,988	109	[3] 4,458	76	[5] 4,451	233	[5] 3,838	137	[8] 2,857
South Atlantic	288	2,528	227	1,942	311	1,933	309	1,659	[6] 242	[6] 1,533
East South Central	184	2,885	315	3,248	152	3,461	310	2,999	200	2,376
West South Central	26	189	31	125	13	155	22	142	13	112
Mountain	518	865	176	883	55	1,393	176	1,384	240	1,302
Pacific	155	669	[4] 91	661	[10] 170	679	124	693	157	803

SCARLET FEVER CASE RATES

103 cities	297	292	[2] 311	[3] 294	[4] 338	[5] 326	297	[4] 311	[4] 267	[7] 272
New England	415	281	400	222	345	312	338	288	204	258
Middle Atlantic	322	221	318	217	330	249	264	256	270	212
East North Central	302	289	341	310	[9] 368	356	388	341	321	359
West North Central	502	167	599	[3] 933	705	[9] 953	539	[9] 813	514	[9] 786
South Atlantic	125	218	100	177	156	222	138	195	[6] 115	[6] 163
East South Central	242	171	242	187	299	202	226	176	168	171
West South Central	166	146	84	176	70	155	44	172	62	116
Mountain	324	218	268	137	342	246	314	173	308	100
Pacific	119	205	[4] 144	208	[10] 187	259	155	294	133	181

[1] The figures given in this table are rates per 100,000 population, annual basis, and not the number of cases reported. Populations used are estimated as of July 1, 1925 and 1926, respectively.
[2] Spokane, Wash., not included.
[3] Grand Forks, N. Dak., not included.
[4] Superior, Wis., and Tacoma, Wash., not included.
[5] Kansas City, Mo., and Grand Forks, N. Dak., not included.
[6] Charleston, W. Va., not included.
[7] St. Paul, Minn., Kansas City, Mo., Grand Forks, N. Dak., and Charleston, W. Va., not included.
[8] Superior, Wis., not included.
[9] St. Paul, Minn., Kansas City, Mo., and Grand Forks, N. Dak., not included.
[10] Tacoma, Wash., not included.

Summary of weekly reports from cities, April 25 to May 29, 1926—Annual rates per 100,000 population—Compared with rates for the corresponding period of 1925—Continued

SMALLPOX CASE RATES

	Week ended									
	May 2, 1925	May 1, 1926	May 9, 1925	May 8, 1926	May 16, 1925	May 15, 1926	May 23, 1925	May 22, 1926	May 30, 1925	May 29, 1926
103 cities	48	26	[2] 45	[3] 26	[4] 44	[5] 26	58	[5] 19	[6] 47	[7] 19
New England	0	0	2	0	0	0	0	0	6	0
Middle Atlantic	8	0	6	0	7	0	2	0	2	1
East North Central	29	19	41	22	[5] 53	20	66	18	54	13
West North Central	72	32	58	[3] 58	76	[4] 42	60	[5] 33	68	[8] 57
South Atlantic	60	28	42	30	35	39	61	24	[6] 10	[8] 29
East South Central	399	99	347	73	173	119	404	62	389	62
West South Central	31	146	26	159	35	116	123	95	53	99
Mountain	9	36	46	36	28	55	28	18	55	36
Pacific	196	102	[2] 167	57	[10] 181	67	177	51	160	32

TYPHOID FEVER CASE RATES

103 cities	17	9	[2] 13	[3] 8	[4] 13	[5] 8	18	[5] 11	[6] 15	[7] 10
New England	10	5	5	9	12	0	24	9	17	7
Middle Atlantic	22	6	13	7	10	10	19	7	9	5
East North Central	4	4	8	4	[5] 6	5	5	5	7	9
West North Central	12	6	2	[3] 6	0	[5] 2	4	[5] 7	10	[8] 5
South Atlantic	27	19	27	13	25	4	36	32	[6] 39	[8] 27
East South Central	42	21	42	16	58	0	68	10	47	31
West South Central	48	17	44	17	75	43	62	26	62	13
Mountain	0	18	0	0	0	9	18	9	9	0
Pacific	17	27	[2] 9	11	[10] 3	8	6	19	8	11

INFLUENZA DEATH RATES

96 cities	21	33	14	25	[10] 14	[11] 16	14	[11] 15	[6] 12	[12] 11
New England	19	35	10	14	7	5	5	12	7	9
Middle Atlantic	14	27	10	22	12	17	11	16	9	11
East North Central	21	46	15	29	10	18	11	18	13	11
West North Central	30	17	11	13	11	[11] 7	17	[11] 5	17	[12] 8
South Atlantic	25	28	19	19	10	17	6	11	[6] 12	[6] 11
East South Central	47	99	47	99	74	31	79	36	37	26
West South Central	29	28	15	47	19	28	19	24	29	9
Mountain	45	9	18	18	55	18	18	0	0	9
Pacific	11	11	15	4	[10] 12	4	22	4	7	11

PNEUMONIA DEATH RATES

96 cities	160	177	145	163	[10] 123	[11] 150	123	[11] 141	[6] 119	[12] 120
New England	144	210	156	170	129	165	110	144	110	123
Middle Atlantic	206	219	184	174	143	165	143	173	145	145
East North Central	138	152	123	178	118	147	116	133	111	106
West North Central	70	106	74	121	55	[11] 79	76	[11] 88	57	[12] 81
South Atlantic	180	177	148	169	129	182	125	148	[6] 147	[6] 111
East South Central	179	233	147	223	152	182	126	171	158	171
West South Central	121	161	131	118	106	137	73	90	73	109
Mountain	120	118	120	82	157	91	166	82	74	91
Pacific	113	75	109	78	[10] 75	92	120	53	73	64

[2] Spokane, Wash., not included.
[3] Grand Forks, N. Dak., not included.
[4] Superior, Wis., and Tacoma, Wash., not included.
[5] Kansas City, Mo., and Grand Forks, N. Dak., not included.
[6] Charleston, W. Va., not included.
[7] St Paul, Minn., Kansas City, Mo., Grand Forks, N. Dak., and Charleston, W. Va., not included.
[8] Superior, Wis., not included.
[9] St. Paul, Minn., Kansas City, Mo., and Grand Forks, N. Dak., not included.
[10] Tacoma, Wash., not included.
[11] Kansas City, Mo., not included.
[12] St. Paul, Minn., Kansas City, Mo., and Charleston, W. Va., not included.
[13] St. Paul, Minn., and Kansas City, Mo., not included.

Number of cities included in summary of weekly reports, and aggregate population of cities in each group, approximated as of July 1, 1925 and 1926, respectively

Group of cities	Number of cities reporting cases	Number of cities reporting deaths	Aggregate population of cities reporting cases		Aggregate population of cities reporting deaths	
			1925	1926	1925	1926
Total	103	96	29, 944, 996	30, 473, 129	29, 251, 658	29, 764, 201
New England	12	12	2, 176, 124	2, 206, 124	2, 176, 124	2, 206, 124
Middle Atlantic	10	10	10, 346, 970	10, 476, 970	10, 346, 970	10, 476, 970
East North Central	16	16	7, 481, 656	7, 655, 436	7, 481, 656	7, 655, 436
West North Central	14	11	2, 591, 962	2, 634, 662	2, 461, 380	2, 499, 036
South Atlantic	21	21	2, 716, 070	2, 776, 070	2, 716, 070	2, 776, 070
East South Central	7	7	993, 103	1, 004, 953	993, 103	1, 004, 953
West South Central	8	6	1, 184, 057	1, 212, 057	1, 078, 198	1, 103, 695
Mountain	9	9	563, 912	572, 773	563, 912	572, 773
Pacific	6	4	1, 888, 142	1, 934, 084	1, 434, 245	1, 469, 144

FOREIGN AND INSULAR

CHOLERA ON VESSEL

Ship "Selandia" from Bangkok, Siam, for Copenhagen, Denmark.—On April 15, 1926, a sick seaman was landed at Singapore, Straits Settlements, from the motor ship *Selandia* from Bangkok, for Copenhagen, via Penang, Singapore, and Colombo. The case of sickness was recognized later as cholera. The *Selandia* had no ship's doctor on board and carried no disinfecting apparatus. The vessel was admitted at Suez, Egypt, after medical visit.

THE FAR EAST

Report for week ended May 22, 1926.—The following report for the week ended May 22, 1926, was transmitted by the Far Eastern Bureau of the Health Section of the League of Nations' Secretariat, located at Singapore, to the headquarters at Geneva:

Maritime towns	Plague		Cholera		Smallpox		Maritime towns	Plague		Cholera		Smallpox	
	Cases	Deaths	Cases	Deaths	Cases	Deaths		Cases	Deaths	Cases	Deaths	Cases	Deaths
Egypt:							Philippine Islands:						
Suez	1	1	0	0	0	0	Manila	0	0	1	1	0	0
Iraq:							Hongkong	0	0	0	0	7	4
Basra	0	0	0	0	3	3	China:						
British India:							Shanghai	0	0	0	0		1
Calcutta	----	0	----	58	13	10	Amoy	10	0	0	0	2	0
Bombay	----	5	----	0	32	24	Sarawak:						
Madras	----	0	----	0	3	3	Kuching	0	0	0	0	2	0
Karachi	----	1	----	0	21	4	Japan:						
Siam:							Osaka	0	0	0	0	1	0
Bangkok	0	0	362	192	6	3	Kwantung:						
French Indo-China:							Dairen	0	0	0	0	7	1
Saigon and Cholon	0	0	17	17	0	0	Port Arthur	0	0	0	0	3	0
Haiphong	0	0	7	5	0	0							

Telegraphic reports from the following maritime towns indicated that no case of plague, cholera, or smallpox was reported during the week:

ASIA

British India.—Chittagong, Cochin, Tuticorin, Vizagapatam.
Ceylon.—Colombo.
Federated Malay States.—Port Swettenham.
Straits Settlements.—Penang, Singapore.

Dutch East Indies.—Batavia, Surabaya, Samarang, Cheribon, Belawan Deli, Palembang, Sabang, Makassar, Menado, Banjermasin, Balik-Papan, Tarakan.
British North Borneo.—Sandakan.
Portuguese Timor.—Dilly.
Philippine Islands.—Manila, Iloilo, Jolo, Cebu, Zamboanga.
French Indo-China.—Turane.
Formosa.—Keelung.
Japan.—Nagasaki, Yokohama, Simonoseki, Moji, Kobe, Niigata, Tsuruga, Hakodate.
Korea.—Chemulpo, Fusan.
Manchuria.—Antung, Mukden, Changchun, Harbin.
U. S. S. R.—Vladivostok.

AUSTRALASIA AND OCEANIA

Australia.—Adelaide, Melbourne, Sydney, Brisbane, Rockhampton, Townsville, Port Darwin, Broome, Fremantle, Carnarvon, Thursday Island.
New Guinea.—Port Moresby.
New Zealand.—Auckland, Wellington, Christchurch, Invercargill, Dunedin.
New Caledonia.—Noumea.
Hawaii.—Honolulu.

AFRICA

Egypt.—Alexandria, Port Said.
Anglo-Egyptian Sudan.—Port Sudan.
Eritrea.—Massaua.
French Somaliland.—Jibuti.
British Samaliland.—Berbera.
Italian Somaliland.—Mogadiscio.
Kenya.—Mombasa.
Tanganyika.—Dar-es-Salaam.
Zanzibar.—Zanzibar.
Seychelles.—Victoria.
Mauritius.—Port Louis.
Portuguese East Africa.—Mozambique, Lourenço Marques, Beira.
Union of South Africa.—Durban, East London, Port Elizabeth, Cape Town.

Reports had not been received in time for distribution from:

British India.—Rangoon, Negapatam.
Dutch East Indies.—Padang, Pontianak.
Madagascar.—Tamatave, Majunga.

AZORES

Smallpox (alastrim).—Under date of April 26, 1926, smallpox (alastrim) was reported still present in the Island of Fayal, Azores, with a few cases in the town of Horta and some prevalence in country districts.

BRAZIL

Disease prevalence—Mortality—January-March, 1926—Porto Alegre.—Information received for the three months ended March 31, 1926, for the city of Porto Alegre, Brazil, shows continued prevalence of typhoid fever, with 20 deaths. There were reported 210 deaths

from tuberculosis. The infantile death rate was stated to have been high. The total number of deaths reported was 908 (population, estimated, 242,000). The chief causes of death were stated to have been tuberculosis and diseases of the digestive system.

Trachoma.—By decree of March 19, 1926, trachoma was made notifiable.

Sanitary improvements.—The construction of new municipal waterworks and sewers was stated to be under consideration, together with other sanitary improvements.

Mortality—Smallpox—Manaos—January 1–March 31, 1926.—During the three months ended March 31, 1926, 639 deaths from all causes were reported in the city of Manaos, Brazil. Deaths from smallpox were reported as follows: January, 27 deaths; February, 76 deaths; March, 42 deaths; total, 145.

Other diseases.—During the same period, 21 deaths from bronchial affections were reported, 100 from malaria, 93 from intestinal disorders, and 53 from tuberculosis. Population, estimated, 69,337.

EGYPT

Plague—April 30–May 6, 1926—Summary.—During the week ended May 6, 1926, three cases of plague, occurring in three districts, were reported in Egypt, making a total from January 1, 1926, of 21 cases as compared with 28 cases occurring during the corresponding period of the year 1925.

ESTHONIA

Communicable diseases—February, 1926.—During the month of February, 1926, communicable diseases were reported in the Republic of Esthonia as follows:

Disease	Cases	Disease	Cases
Cerebrospinal meningitis	1	Tuberculosis	141
Diphtheria	55	Typhoid fever	33
Measles	11	Typhus fever	8
Scarlet fever	195		

Population, census, 1922, 1,107,030.

GERMANY

National health week—Stuttgart—April 18–25.—At the inauguration of the National Health Week at Stuttgart, Germany, April 18, 1926, tuberculosis was stated to be the infectious disease most frequent in Germany, with an average of about 90,000 deaths yearly and at least 1,000,000 active cases present.

GREAT BRITAIN

Anthrax from shaving brush—Manchester—March, 1926.—Toward the end of March, 1926, a case of anthrax was reported at Manchester, England, the infection being attributed to an infected shaving brush purchased from a firm in Glasgow who obtained their supply from a firm in Czechoslovakia. The brush was labeled "guaranteed free from anthrax." It was found that a large quantity of these brushes had been received by the Glasgow firm and generally distributed. Examination showed the brush in question to be heavily infected with anthrax. Other brushes from the same supply have been examined, but no other infected brush has been found.

Epidemic measles—Glasgow—Four-week period ended April 24, 1926.—During the four weeks ended April 24, 1926, 771 cases of measles with 75 deaths were reported at Glasgow, Scotland.[1]

Respiratory diseases.—Prevalence of acute primary and influenzal pneumonia was reported, with 347 deaths from pneumonia, 211 from influenza, and 86 from pulmonary tuberculosis.

GUADELOUPE (WEST INDIES)

Communicable diseases—May, 1926.—During the month of May, 1926, 27 cases of dysentery, 32 cases of malaria, 20 cases of "pian," and 1 case of smallpox (alastrim) were reported for the Island of Guadeloupe, West Indies. Chicken pox was reported present with a few cases.

Unidentified disease—Pointe à Pitre.—An unidentified disease accompanied by fever was reported present at Pointe à Pitre, Guadeloupe, during the week ended April 24 and the month of May, 1926.

LATVIA

Communicable diseases—February, 1926.—Communicable diseases were reported in the Republic of Latvia during the month of February, 1926, as follows:

Disease	Cases	Disease	Cases
Diphtheria	55	Poliomyelitis	1
Erysipelas	16	Scarlet fever	295
Leprosy	2	Typhoid fever	33
Measles	273	Typhus fever	18
Mumps	60	Whooping cough	48
Paratyphus fever	1		

Population, 1,850,000.

MADAGASCAR

Plague—March 16–31, 1926.—During the period March 16 to 31, 1926, there were reported in Madagascar 75 cases of plague with 73 deaths. Of these, 31 cases with 29 deaths were bubonic, 25 cases with 25 deaths pneumonic, and 19 cases with 19 deaths septicemic in type.

[1] Public Health Reports, Apr. 2, 1926, page 639, and May 7, 1926, page 910.

MEXICO

Anthrax among cattle, Vera Cruz—Hoof-and-mouth disease, Tabasco, Mexico.—Under date of June 3, 1926, cases of anthrax were reported among cattle in the vicinity of the port of Vera Cruz. On the same date hoof-and-mouth disease was reported in the district of Tabasco.

SALVADOR

Mortality, general—Mortality from communicable diseases—Salvador—October 1, 1925–March 31, 1926.—Deaths from communicable diseases and general mortality have been reported for the periods October 1 to December 31, 1925, and January 1 to March 31, 1926, for the Republic of Salvador, as follows: *October 1–December 31, 1925*—Cholera nostras or gastroenteritis, 148 deaths; measles, 149; tuberculosis, 140; typhoid fever, 2. *January 1–March 31, 1926*—Cholera nostras or gastroenteritis, 182 deaths; measles, 135; tuberculosis, 118; typhoid fever, 8. Population of Republic of Salvador, 1,500,000.

Malarial and other fevers.—During both periods named malarial and other tropical fevers were stated to be the prevailing diseases in Salvador.

UNION OF SOUTH AFRICA

Plague—April 18–24, 1926.—During the week ended April 24, 1926, one fatal case of plague was reported in the Union of South Africa. The case occurred in the Cape Province and in Cradock District.

Typhus fever.—A case of typhus fever was reported during the same period at Durban, Natal, and outbreaks of the disease were reported at other localities in the Union.

VIRGIN ISLANDS

Communicable diseases—April, 1926.—During the month of April, 1926, communicable diseases were reported in the Virgin Islands of the United States as follows:

Island and disease	Cases	Remarks
St. Thomas and St. John:		
Chancroid	2	
Gonorrhea	8	
Malaria	2	Malignant tertian.
Syphilis	5	Secondary, 4; congenital, 1.
St. Croix:		
Dysentery	2	Entameba.
Filariasis	2	Bancrofti.
Syphilis	1	Secondary.
Tuberculosis	1	Chronic pulmonary.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER

The reports contained in the following tables must not be considered as complete or final as regards either the lists of countries included or the figures for the particular countries for which reports are given.

Reports Received During Week Ended June 18, 1926[1]

CHOLERA

Place	Date	Cases	Deaths	Remarks
India				Apr. 11–17, 1926: Cases, 4,154; deaths, 2,709.
Indo-China:				
Saigon	Apr. 5–May 1	90	73	The statistics cover Saigon and Cholon.
Philippine Islands:				
Manila	Apr. 25–May 1	1	1	
Mindoro Province	Jan. 1–Feb. 13	64	55	
Siam:				
Bangkok	Apr. 23–29	107	59	
On vessel:				
Ship Selandia				Apr. 15, 1926: Case landed at Singapore, Straits Settlements. Vessel from Bangkok, Siam, via Penang, Singapore, and Colombo, for Copenhagen. Received at Suez, Egypt, after medical visit.

PLAGUE

Place	Date	Cases	Deaths	Remarks
Egypt				Apr. 30–May 6, 1926: Cases, 3. Total, Jan. 1–May 6, 1926: Cases, 21; corresponding period year 1925, cases, 28.
India				Apr. 11–17, 1926: Cases, 10,232; deaths, 8,366.
Bombay	Apr. 11–24	7	6	
Karachi	May 2–8	1	1	
Indo-China:				
Saigon	Apr. 5–11	1		
Java:				
Batavia	Apr. 10–23	42	41	
Madagascar				Mar. 16–31, 1926: Cases, 75; deaths, 73.
Moramanga Province	Mar. 16–31	5	5	Bubonic and septicemic.
Tananarive Province				Mar. 16–31, 1926: Cases, 70; deaths, 68. Bubonic, pneumonic, septicemic.
Tananarive Town	Mar. 16–31	8	7	
Other places	do	62	61	
Siam:				
Bangkok	Apr. 23–29	2		
Union of South Africa:				
Cape Province—				
Cradock District	Apr. 18–24	1	1	

SMALLPOX

Place	Date	Cases	Deaths	Remarks
Algeria:				
Algiers	May 1–10	3		
Arabia:				
Aden	May 9–15	1		From interior of country.
Azores:				
Fayal				Apr. 26, 1926: Present in country districts.
Horta	Apr. 26			A few cases.
Brazil:				
Manaos				Jan. 1–Mar. 31, 1926: Deaths, 145.
Para	May 9–15	3	3	
Canada:				
Kingston	May 9–15	1		
Ottawa	May 24–29	1		
China:				
Antung	May 3–16	7		
Foochow	Apr. 25–May 1			Present.
Hongkong	Apr. 18–24	2	4	
Nanking	Apr. 25–May 8			Prevalent.
Swatow	May 2–8			Sporadic.
Tientsin	May 2–8	1		

[1] From medical officers of the Public Health Service, American consuls, and other sources.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued

Reports Received During Week Ended June 18, 1926—Continued

SMALLPOX—Continued

Place	Date	Cases	Deaths	Remarks
Chosen:				
Chinampo	Apr. 1-30	1		
Seishin	do	3	1	
Seoul	do	1		
Egypt:				
Alexandria	Apr. 16-22	7	1	
France:				
Saint Etienne	Apr. 17-30	1	1	
Great Britain:				
England and Wales				May 9-15, 1926; Cases, 165.
Newcastle-on-Tyne	May 16-22	2		
Guadeloupe (West Indies)				May, 1926: One case (Alastrim).
India				Apr. 11-17, 1926: Cases, 7,561; 1,695.
Bombay	Apr. 11-24	53	31	
Karachi	May 2-8	21	1	
Madras	May 2-8	4	1	
Iraq:				
Bagdad	Apr. 4-May 1	3	1	
Basra	Mar. 26-May 1	12	9	
Japan:				
Kobe	Apr. 25-May 1	1		
Yokohama	Apr. 18-24	2	1	
Mexico:				
Guadalajara	May 25-31		2	
San Luis Potosi	May 23-29		4	
Palestine:				
Jerusalem	Feb. 1-28	1		
Portugal:				
Lisbon	Apr. 18-May 15	16		
Oporto	May 9-15	1		
Spain:				
Valencia	May 16-22	1		
Switzerland:				
Lucerne				Mar. 1-31, 1926: Canton, 1 case.

TYPHUS FEVER

Chile:				
Antofogasta	May 2-15	4		
China:				
Antung	Apr. 13-May 16	23		
Palestine:				
Haifa District	May 4-10	1		
Union of South Africa				Apr. 18-24, 1926; Outbreaks at several localities.
Natal—				
Durban	Apr. 18-24	1		

Reports Received from December 26, 1925, to June 11, 1926[1]

CHOLERA

Place	Date	Cases	Deaths	Remarks
Chosen	October-November, 1925.	12	5	
French Settlements in India	Dec. 1-31	880	712	
Do	Jan. 1-Mar. 6	435	349	
India				Oct. 18, 1925-Jan. 2, 1926: Cases, 21,316; deaths, 12,371 Jan. 3-Mar. 13, 1926: Cases. 31,105; deaths, 17,859. Mar. 21-Apr. 10, 1926: Cases, 18,382. deaths, 13,326.
Calcutta	Nov. 1-28	101	89	
Do	Dec. 6-26		54	
Do	Dec. 27-Jan. 16		41	
Do	Jan. 24-Apr. 3	464	417	
Madras	Nov. 15-Jan. 2	174	70	
Do	Jan. 3-Apr. 17	146	99	
Rangoon	Nov. 8-Dec. 3	4	4	
Do	Jan. 24-Apr. 17	23	20	

[1] From medical officers of the Public Health Service, American consuls, and other sources.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued

Reports Received from December 26, 1925, to June 11, 1926—Continued

CHOLERA—Continued

Place	Date	Cases	Deaths	Remarks
Indo-China				September–December, 1925: Cases, 11; deaths, 7.
Province—				
Annam	Sept. 1–30	2	2	
Cambodia	Dec. 1–31	2	1	
Cochin China	Sept. 1–Dec. 31	6	4	
Saigon	Jan. 4–17	2	2	Including 100 square kilometers of surrounding country.
Do	May 20			Present.
Tonkin	Sept. 1–Nov. 30	3		
Japan	Aug. 30–Oct. 17	400		
Do	Oct. 25–Dec. 26	113		
Do	Jan. 17–30	5		
Philippine Islands:				
Manila	Nov. 9–Jan. 3	15	10	
Do	Jan. 4–Mar. 6		27	
Province—				
Bataan	Nov. 30–Dec. 26	29	25	
Do	Jan. 2–16	1	1	
Batangas	Jan. 24–Feb. 20	13	13	
Bohol	Jan. 23–30	1	1	
Bulacan	Oct. 18–Nov. 7	92	64	
Do	Nov. 23–Dec. 31	200	88	
Do	Jan. 2–30	6	6	
Laguna	Nov. 23–Dec. 26	18	14	
Do	Jan. 24–Feb. 6	5	6	
Leyte	Jan. 3–9	2	2	
Mindoro	Dec. 20–31	35	30	
Nueva Ecija	Nov. 30–Dec. 13	7	3	
Pampanga	Nov. 1–7	1	1	
Do	Nov. 23–Dec. 31	113	85	
Do	Jan. 2–Mar. 3	39	35	
Rizal	Sept. 27–Nov. 21	75	21	
Do	Dec. 21–30	14	11	
Do	Jan. 3–Feb. 20	89	30	
Romblon	Nov. 8–Dec. 13	27	14	
Russia	May–June	7		
Do	July–August	4		
Siam:				
Bangkok	Oct. 4–Nov. 14	108	68	
Do	Nov. 23–Dec. 26	270	149	
Do	Dec. 27–Mar. 13	398	275	
Do	Mar. 21–27	90	52	
Do	Apr. 4–10	102	61	
On vessel:				
Steamship	Oct. 3	9		Arrived at Bangkok, Siam: Cases in coolie passengers.

PLAGUE

Argentina				Jan. 24–30, 1926: 6 cases, occurring in interior Provinces of Salta and Santa Fe.
Buenos Aires	Jan. 24–30	1		
Azores:				
St. Michaels	Jan. 17–Apr. 3	9	4	
Belgium:				
Vilvorde	Dec. 1–6	1	1	
Brazil:				
Bahia	Nov. 8–Dec. 28	3	1	
Do	Dec. 27–Jan. 30	4	2	
Santos	Dec. 8–21		2	
Sao Paulo	Reported Mar. 25	4	1	
British East Africa:				
Kenya—				
Kisumu	Nov. 22–Dec. 5	1	2	
Do	Jan. 31–Mar. 20	15	3	
Uganda Protectorate	Sept. 1–Dec. 31	468	426	
Do	Jan. 1–Feb. 28	169	143	
Canary Islands:				
La Laguna	Dec. 24	3	2	
Las Palmas	do	1		
Do	Jan. 7	1	1	
Santa Cruz de Tenerife	Dec. 18–27	3		
Do	Dec. 28–Feb. 1	3		
Celebes:				
Makassar	Dec. 29–Feb. 2	12	12	Netherlands East Indies.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued

Reports Received from December 26, 1925, to June 11, 1926—Continued

PLAGUE—Continued

Place	Date	Cases	Deaths	Remarks
Ceylon:				
Colombo	Nov. 15-Dec. 5	3	3	1 plague rodent.
Do	Dec. 27-Jan. 16	2	2	
Do	Jan. 24-Apr. 24	6	6	Feb. 14-20, 1926: 2 plague rodents.
China:				
Nanking	Nov. 15-Apr. 24			Prevalent.
Ecuador:				
Ambato	Mar. 31		5	
Eloy Alfaro	Jan. 1-15	1		
Guayaquil	Nov. 1-Dec. 1	31	12	Rats taken, Nov. 1-Dec. 31, 1925, 49,370; rats found infected, 281.
Do	Jan. 1-May 15	66	29	Rats taken, Jan. 1-May 15, 1926: 93,539; rats found infected, 666.
Latacunga	Apr. 12			Present.
Recreo (country estate)	Jan. 1-15	1		
Egypt				Jan. 1-Dec. 9, 1925: Cases, 138. Jan. 1-Apr. 22, 1926: Cases, 16.
Alexandria	Mar. 10-Apr. 22	4	1	
Beni Suef	Nov. 18	1	1	
Fayoum Province	Dec. 3-9	1	1	
Gharbia Province	Mar. 9-30	5	3	
Mina Province	Mar. 4	1	1	
Suez	Mar. 27-Apr. 22	7	1	
Greece:				
Athens	Nov. 1-30	18	4	Including Piræus.
Do	Jan. 1-Mar. 31	25	4	
Heraklelon	Feb. 4	1		On island of Crete.
Patras	Nov. 13-Dec 12	4	1	
Hawaii Territory	Feb. 2			1 plague infected rodent found near Hamakua Mill Co.
Hawaii—				
Honokaa	Mar. 16	2		1 death suspected plague.
Kakuihaela	Mar. 19	1	1	
Paauilo				Jan. 29, 1926: Plague-infected rat found in vicinity.
			1	
India			12	Oct. 18, 1925, Jan. 2, 1926: Cases, 15,135; deaths, 10,677. Jan. 3-Mar. 13, 1926: Cases, 53,563; deaths, 41,553. Mar. 21-Apr. 10, 1926: Cases, 32,310; deaths, 25,991.
Bombay	Dec 6-12	1		
Do	Jan. 3-Apr. 10	7		
Calcutta	Dec. 6-12		1	
Karachi	Nov. 1-Dec. 19	4	3	
Do	Feb. 21-Apr. 24	22	10	
Madras Presidency	Oct. 25-Nov. 7	75	41	
Do	Nov. 15-21	35	22	
Do	Dec. 20-26	108	64	
Do	Jan. 3-Mar. 20	1229	773	
Do	Mar. 27-Apr. 10	80	51	
Rangoon	Oct. 25-Dec. 26	23	15	
Do	Dec. 27-Apr. 17	124	113	
Indo-China				September-December, 1925: Cases, 28; deaths, 26.
Province—				
Cambodia	Sept. 1-Nov. 30	13	13	
Cochin China	Sept. 1-Dec. 31	15	13	
Iraq:				
Bagdad	Dec. 13-Jan. 2	7	3	
Do	Jan. 10-Apr. 17	111	61	
Java	Feb. 28-Mar. 6		5	
Batavia	Oct. 24-Nov. 6	94	89	Province.
Do	Nov. 14-Jan. 1	315	297	
Do	Jan. 2-Mar. 12	483	468	
Do	Mar. 19-Apr. 2	19	19	
Cheribon	Sept. 27-Oct. 17		166	
Do	Nov. 15-Dec. 26		198	
Do	Jan. 3-Mar. 6		191	
Djokjakarta	Oct. 20-Nov. 9			Epidemic in 1 locality.
Kediri	Dec. 7			Do.
Koeningan	Dec. 27-Jan. 16		114	
Do	Feb. 7-Mar. 6		103	
Pekalongan	Sept. 27-Oct. 17		42	
Do	Nov. 8-Dec. 26		252	
Do	Feb. 14-Mar. 6		123	
Probolinggo	Feb. 12			Epidemic. Port.
Rembang	Oct. 20			Do.
Surabaya	Oct. 11-Dec. 26	59	59	
Do	Dec. 27-Apr. 10	46	46	
Tegal	Sept. 27-Oct. 17	6	6	
Do	Nov. 8-Dec. 26		31	
Do	Feb. 21-Mar. 6		11	

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued

Reports Received from December 26, 1925, to June 11, 1926—Continued

PLAGUE—Continued

Place	Date	Cases	Deaths	Remarks
Madagascar				Nov. 1–Dec. 31, 1925: Cases, 632; deaths, 503. Jan. 1–31, 1926: Cases, 611; deaths, 565. Mar. 1–15, 1926: Cases, 111; deaths, 79.
Province—				
Ambositra	Dec. 16–31	9	7	
Do	Jan. 1–15	2	2	
Fort Dauphin	Sept. 16–30	6	3	
Do	Jan. 16–Mar. 15	4	4	
Itasy	Sept. 16–Oct. 30	20	20	
Do	Nov. 16–Dec. 31	34	34	
Do	Jan. 1–15	29	29	
Do	Feb. 1–15	29	29	
Moramanga	Sept. 16–Dec. 31	49	48	
Do	Jan. 1–Mar. 15	51	47	
Tananarive				Sept. 16–Nov. 30, 1925: Cases, 368; deaths, 341. Dec. 16–31, 1925: Cases, 152; deaths, 143. Jan. 1–Mar. 15, 1926: Cases, 583; deaths, 486.
Town—				
Tamatave (Port)	Sept. 16–Nov. 30	42	11	
Do	Feb. 1–Mar. 15	5	3	
Tananarive	Sept. 16–30	2	2	
Do	Nov. 1–30	11	11	
Do	Jan. 1–Mar. 15	40	40	
Mauritius Island	Sept. 20–Dec. 26	21	18	
Moca	Dec. 1–31	2	2	
Pamplemousses	Oct. 1–Nov. 30	3	2	
Port Louis	Oct. 1–Dec. 31	13	9	
Rivière du Rempart	October	2		
Morocco:				
Tangier	May 9–15	1	1	
Nigeria	Aug. 1–Dec. 31	594	447	
Do	Jan. 1–31	24	21	
Persia:				
Teheran	Oct. 21–Nov. 21		12	
Peru				January–March, 1926: Cases, 383; deaths, 148.
Barranca and Supo	Mar. 1–31	4	6	
Cañete	do	1		
Caras	do			Present.
Casma	do	15	5	
Chiclayo	do		4	
Chimbote	do	16	8	Country estates.
Chincha	do	14	5	
Contumazá	do	12		
Cutorvo	do			Present.
Huacho	Jan. 26	15		Port 60 miles north of Callao.
Lacranmarca	Mar. 1–31	6		
Lima	Jan. 1–31	20		In hospital. Some cases in Province.
Mollendo	do			12 or 15 cases reported unofficially.
Do	Mar. 1–31			
Moro	do			Present.
Otuzco	do	1		
Pacasmayo	do	2	1	
Salaverry	do	5	2	
San Pablo	do			Do.
Trujillo	do	15	5	
Russia	May–June	67		
Do	July 1–Dec. 31	256		
Senegal	September–October.	45	25	
Siam	Aug. 23–Dec. 26	65	53	
Do	Dec. 27–Jan. 30	16	9	
Bangkok	Nov. 15–28	3	3	
Do	Jan. 3–30	38	33	
Do	Feb. 7–20	11	5	
Do	Feb. 28–Apr. 10	5	2	
Straits Settlements:				
Singapore	Nov. 1–Dec. 5	8	8	
Do	Jan. 3–Mar. 20	3	3	
Syria:				
Beirut	Nov. 11–20	1		
Do	Jan. 21–31	1		
Union of South Africa				Mar. 7–13, 1926: Cases, 3; European, 2. Mar. 21–27, 1926: Cases, 12; deaths, 4. Apr. 4–17, 1926: Cases, 7; deaths, 4.
Cape Province	Apr. 4–10	1	1	
Cradock district	Apr. 11–17	2	2	
Kimberley district	Dec. 13–19	1		Native.
Middleburg district	Dec. 6–12	1		European.
Steynsburg district	Nov. 15–21	1		Native. On farm.
Winburg district	Feb. 21–27	1		

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued

Reports Received from December 26, 1925, to June 11, 1926—Continued

PLAGUE—Continued

Place	Date	Cases	Deaths	Remarks
Union of South Africa—Con.				
Orange Free State				Mar. 14–Apr. 10, 1926: Cases 11; deaths, 5.
Boshof district	Nov. 29–Dec. 5	1	1	In native.
Bothaville district	Dec. 6–12	1	1	Native. On farm.
Bradfort district	Mar. 28–Apr. 3	1	1	
Grandfort district	Mar. 21–27	3	1	European, in same family, pneumonic.
Hoopstad district	Mar. 7–Apr. 17	10	5	
Kroonstad district	Mar. 14–20	1		Native. On farm.
Winburg district	Mar. 14–Apr. 3	11	5	
On vessel:				
Steamship Cid				Jan. 29, 1926. Plague rat. At Buenaventura, Colombia. Rat was killed while jumping ashore from vessel.

SMALLPOX

Algeria:				
Algiers	Nov. 21–Dec. 31	177		
Do	Jan. 1–10	64		
Do	Jan. 21–Apr. 20	78		
Arabia:				
Aden	Nov. 29–Dec. 5	1		Imported.
Do	Jan. 10–Mar. 6	10	1	
Argentina:				
Rosario	October		1	
Australia:				
Queensland—				
Brisbane	Dec. 9–15	1		
Azores:				
Fayal Island	Feb. 2–Apr. 11			Present. Reported as alastrim.
Bahamas	Feb 23			In Nassau district. Stated to have been imported.
Brazil:				
Manaos	Dec. 1–31		12	
Do	Jan. 31–Feb. 20		6	
Para	Jan. 10–May 8	35	10	
Rio de Janeiro	Nov. 1–28	134	72	
Do	Dec. 6–26	65	26	
Do	Dec. 27–Apr. 3	279	224	June 27, 1925–Mar. 20, 1926: Cases, 1,089; deaths, 580.
British East Africa:				
Kenya—				
Mombasa	Nov. 15–Dec. 19	14	6	
Do	Dec. 27–Mar. 20	2		
Tanganyika territory—				
Dar-es-Salaam	Feb. 21–27	1		
Uganda Proctectorate	Sept. 1–Oct. 31	8	4	
Do	Feb. 1–28	1		
British South Africa:				
Northern Rhodesia	Jan. 5–11	2		
Southern Rhodesia	Nov. 15–Dec. 23	3		
Canada				Sept. 13–Jan. 2: In 7 Provinces, 186 cases. Jan. 3–May 8, 1926: Cases, 504.
Alberta				Jan. 3–May 1, 1926: Cases, 70.
Calgary	Dec. 13–19	1		From Drumheller, vicinity of Calgary.
British Columbia—				
Vancouver	Jan. 4–Mar. 27	2		
Victoria	Mar. 21–27	2		
Manitoba				Jan. 3–May 8, 1926: Cases, 78.
Winnipeg	Dec. 13–19	2		
Do	Jan. 3–Apr. 10	16	1	
New Brunswick—				
Northumberland	Dec. 6–13	1		
Ontario				Dec. 1–31, 1925: Cases, 32. Jan. 3–May 8, 1926: Cases, 269.
Admaston	Jan. 1–Feb. 1	16		Township.
Alice and Fraser	Feb. 1–28	6		Do.
King	do	7		Do.
Wilmot	do	6		Do.
Belleville	do	4		

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued

Reports Received from December 26, 1925, to June 11, 1926—Continued

SMALLPOX—Continued

Place	Date	Cases	Deaths	Remarks
Canada—Continued.				
Ontario—Continued.				
Kingston	Mar. 8-14	1		
Kitchener	do	26		
North Bay	Feb. 14-Mar. 14	7		
Ottawa	Dec. 6-12	2		
Do	Jan. 3-Feb. 6	2		
Sarnia	Mar. 14-May 8	9		
Toronto	Dec. 27-Jan. 2	1		
Do	Jan. 3-May 15	31		
Trenton	Jan. 3-Apr. 17	15		
Saskatchewan				Jan. 3-May 8, 1926: Cases, 131.
Moose Jaw	Jan. 3-Mar. 20	2		
Regina	Jan. 24-May 1	5		
Saskatoon	Feb. 14-20	1		
Ceylon:				
Colombo	Dec. 6-12	1		Port case.
Do	Jan. 3-Feb. 6	5		
Chile:				
Punta Arenas	Dec. 13-26		8	
Do	Dec. 27-Jan. 2		4	
China:				
Amoy	Oct. 25-Dec. 19		1	
Do	Jan. 10-Apr. 17		35	
Antung	Dec. 7-20	2		
Do	Mar. 21-Apr. 24	2		
Changsha	Feb. 21-27			Present.
Chungking	Nov. 15-17			Do.
Do	Feb. 28-Apr. 3			Do.
Foochow	Nov. 1-Apr. 17			Do.
Hankow	Nov. 14-Dec. 26	4		
Do	Jan. 10-Mar. 6	3		
Hongkong	Nov. 22-Dec. 26	4		
Do	Jan. 3-Apr. 3	17	5	
Manchuria—				
An-shan	Dec. 6-12	1		
Do	Jan. 10-May 1	12		South Manchuria Railway.
Changchun	do	51	1	Do.
Dairen	Oct. 19-Dec. 27	73	15	Do.
Do	Dec. 28-Apr. 11	90	28	Do.
Fushun	Jan. 17-May 1	7		Do.
Harbin	Jan. 1-May 6	38		Do.
Kai-yuan	Jan. 10-May 1	7		Do.
Kungchuling	Jan. 31-May 1	3		Do.
Liu-yang	Jan. 17-Apr. 24	6		Do.
Mukden	Oct. 24-Nov. 15	1		Do.
Do	Jan. 24-Feb. 27	4		Do.
Suping Kai	Mar. 14-May 1	4		Do.
Tieh-ling	Oct. 26-Nov. 15	2		Do.
Do	Apr. 18-24	1		Do.
Nanking	Nov. 21-Dec. 26			Do.
Do	Dec. 27-Apr. 24			Do.
Shanghai	Oct. 25-Jan. 2	37	36	
Do	Jan. 3-May 1	64	143	Cases, foreign only.
Swatow	Nov. 22-Apr. 24			Prevalent.
Tientsin	Nov. 1-Dec. 19	2		
Do	Jan. 23-Feb. 27	2		
Chosen:				
Seishin	Jan. 1-Mar. 31	58	33	
Curacao	May 3-9	1		From Trinidad.
Egypt:				
Alexandria	Dec. 3-31	5	2	
Do	Jan. 8-14	2	1	
Do	Jan. 29-Apr. 8	63	11	
Cairo	Dec. 25-31	14		
Do	Jan. 1-7	3		
Port Said	Feb. 26-Mar. 4	1		
Esthonia				November, 1925: Cases, 3.
France				September-December, 1925: Cases, 253.
Do	Jan. 1-Feb. 28	93		
Havre	Jan. 25-31		9	
Paris	Mar. 1-Apr. 30	11	2	
French Settlements in India	Jan. 3-Mar. 6	167	159	
Gold Coast	September, December.	58	5	
Do	Jan. 1-Feb. 28	133	5	

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued

Reports Received from December 26, 1925, to June 11, 1926—Continued

SMALLPOX—Continued

Place	Date	Cases	Deaths	Remarks
Great Britain:				
England and Wales				Nov. 15–Dec. 26, 1925: Cases, 796; Dec. 27–May 1, 1926: Cases, 4,290.
Bradford	May 2–15	3		
Hull	Dec. 27–Jan. 23	29		
Do	Feb. 7–Mar. 27	9		
Leeds	Jan. 14–Feb. 6	4		
London	Jan. 31–Feb. 6		1	
Newcastle-on-Tyne	Nov. 29–Dec. 19	6		
Do	Dec. 27–May 2	41	1	
Nottingham	Nov. 22–Dec. 26	9		
Do	Dec. 27–Apr. 24	8		
Sheffield	Nov. 22–Dec. 12	7		
Do	Dec. 20–26	3		
Do	Dec. 27–Mar. 20	18		
Do	Apr. 25–May 8	3		
South Shields	Feb. 9			Reported present in severe form.
Greece				Oct. 1–31, 1925: Cases, 16.
Athens	Nov. 1–Dec. 31	18	1	
Do	Jan. 1–Mar. 31	87	6	
Kalamata	Mar. 1–7	1		From Patras.
Saloniki	Feb. 16–Apr. 12		3	
Guadeloupe (West Indies)				Apr. 23–May 10, 1926: Present. Alastrim.
India				Oct. 18–Dec. 26, 1925: Cases, 19,472; deaths, 4,440. Dec. 27 1925–Apr. 10, 1926: Cases, 99,599; deaths, 25,653.
Bombay	Nov. 8–Dec. 26	26	20	
Do	Dec. 27–Apr. 10	328	171	
Calcutta	Nov. 8–Dec. 26	48	25	
Do	Dec. 27–Apr. 3	620	397	
Karachi	Nov. 1–21	23		
Do	Nov. 29–Dec. 5	4	2	
Do	Dec. 13–19	3		
Do	Dec. 29–May 1	138	45	
Madras	Nov. 15–Dec. 26	17	5	
Do	Dec. 27–May 1	153	27	
Rangoon	Oct. 25–Dec. 26	7	1	
Do	Dec. 27–Jan. 16	13	1	
Do	Jan. 24–Mar. 6	70	17	
Do	Mar. 21–Apr. 17	29	9	
Indo-China				September-November, 1925: Cases, 346; deaths, 86.
Province—				
Annam	Sept. 1–Dec. 31	232	44	
Cambodia	do	84	34	
Cochin China	do	106	51	
Saigon	Dec. 21–27	2	1	
Do	Jan. 1–Mar. 28	14	2	
Tonkin	Sept. 1–Dec. 31	153	2	Including 100 square kilometers of surrounding country.
Iraq:				
Bagdad	Nov. 1–Dec. 26	19	15	Sept. 6–Oct. 17, 1925: Cases, 81; deaths, 40.
Do	Dec. 27–Apr. 17	23	13	
Basra	do	67	51	
Italy				Aug. 2, 1925–Jan. 2, 1926: Cases, 52. Jan. 3–Mar. 27, 1926: Cases, 38.
Catania	Feb. 15–28	7	1	
Do	Apr. 27–May 2	4		
Genoa	Jan. 21–Feb. 10	4		
Rome	Oct. 12–25	1		
Do	Feb. 22–28	1		Occurring in consular district.
Jamaica				Nov. 29–Dec. 26, 1925: Cases, 95. Dec. 27, 1925–Apr. 24, 1926: Cases, 509. Reported as alastrim.
Kingston	Nov. 29–Dec. 26	43		Reported as alastrim.
Do	Dec. 27–Jan. 30	48		Do.
Do	Feb. 28–Apr. 24	36		Do.
Japan:				
Kobe	Mar. 14–Apr. 17	3		
Nagasaki	Feb. 15–25	2		
Taiwan	Nov. 11–Dec. 10	3		
Do	Mar. 21–31	3		
Yokohama	Dec. 14–30	1		
Do	Feb. 23–Apr. 17	71	11	
Java:				
Batavia	Oct. 24–Dec. 25	8		
Do	Feb. 20–Mar. 19	6		
Buitenzorg	Nov. 29–Dec. 5	1		
Cheribon	Nov. 8–Dec. 12	2		
Do	Jan. 31–Feb. 6		1	

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued

Reports Received from December 26, 1925, to June 11, 1926—Continued

SMALLPOX—Continued

Place	Date	Cases	Deaths	Remarks
Java—Continued.				
East Java and Madoera	Mar. 28–Apr. 10	9		
Krakasan	Oct. 11–17	11		
Malang	Oct. 11–Dec. 26	2		
Do	Dec. 27–Jan. 16	3	2	
North Bantam	Oct. 4–17	4		
Pekalongan	Oct. 25–31	1		
Pontianak	Jan. 31–Feb. 6		1	
Probolinggo	Oct. 11–17	1		
Serang	Feb. 14–27	5		
South Bantam	Feb. 23–Mar. 27	1		
Surabaya	Oct. 11–Dec. 26	633	104	
Do	Dec. 27–Mar. 13	141	43	
Tegal	Oct. 4–10	9	1	
Latvia				December, 1925: Cases, 3.
Malta	Nov. 1–Dec. 21	21	3	
Do	Jan. 1–Feb. 28	20		
Martinique	May 10			Prevalent.
Fort de France	Apr. 11–May 1	6		Alastrim.
Mexico				July–September, 1925: Deaths, 1,157.
Aguascalientes	Dec. 13–Jan. 2	4	3	
Do	Jan. 3–30		7	
Do	Feb. 14–May 22		6	
Camargo	May 22	2		
Chihuahua	May 9–17	7		
Ciudad Juarez	May 9–24		2	
Durango	Dec. 1–31		1	
Do	Jan. 1–31		2	
Guadalajara	Dec. 27–May 17		26	
Mexico City	Nov. 28–Dec. 5	1		Including municipalities in Federal District.
Do	Jan. 3–May 15	32		Do.
Saltillo	Apr. 4–10	1		
San Luis Potosi	Jan. 17–Mar. 20		53	
Do	Mar. 28–May 22	15	38	
Tampico	Dec. 21–Jan. 2	1	1	
Do	Jan. 2–Mar. 10	8		
Torreon	Nov. 1–Dec. 31		51	
Do	Jan. 1–Apr. 30		80	
Vera Cruz	Mar. 29–Apr. 4	5	1	
Netherlands:				
The Hague	Jan. 30–Mar 6	2	1	
Nigeria				Aug. 1–Dec. 31, 1925; Cases, 389; deaths, 6.
Do	Jan. 1–31	135	1	
Palestine:				
Hebron	Jan. 26–Feb. 1	2		
Tiberias	Feb. 9–15	1		
Persia:				
Teheran	July 23–Dec. 22		775	
Do	Dec. 23–Feb. 19		99	
Peru:				
Arequipa	Oct. 1–Dec. 31		2	
Poland				Nov. 1–28, 1925: Cases, 9. Jan 1–Mar. 27, 1926; Cases, 20. Mar. 1–28, 1926: Deaths, 6.
Portugal				
Lisbon	Oct. 4–31	124		
Do	Nov 16–Dec. 27		60	
Do	Nov. 14–Dec. 26	187		
Do	Dec. 27–Apr. 25	126	32	
Oporto	Nov. 22–Dec. 19	2	3	
Do	Dec. 27–Apr. 24	4	1	
Rumania	August–October	3		
Russia				May–June, 1925: Cases, 2,333. July 1–Dec. 31, 1925: Cases, 4,019.
Senegal:				
Dakar	Apr. 19–25	1		
Siam				July 12–Sept. 5, 1925: Cases 21: deaths. 6.
Bangkok	Dec. 20–25	3	1	
Do	Dec. 26–Mar. 6	81	37	
Do	Mar. 14–Apr. 10	30	18	
Sierra Leone:				
Konno district	Dec. 16–31	5		

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued

Reports Received from December 26, 1925, to June 11, 1926—Continued

SMALLPOX—Continued

Place	Date	Cases	Deaths	Remarks
Spain:				
Madrid	Year 1925		18	
Do	Jan. 1-31		1	
Malaga	Nov. 29-Dec. 5		2	
Do	Dec. 27, Jan. 2		1	
Valencia	Dec. 20-26	1		
Do	Dec. 27-Jan. 2	1		
Do	Jan. 10-Feb. 6	9		
Do	Feb. 14-May 8	15		
Straits Settlements:				
Penang	Mar. 28-Apr. 3		1	
Singapore	Dec. 20-26	1		
Do	Jan. 10-Mar. 27	8	2	
Sumatra				
Medan	Feb. 14-27	2		
Switzerland				June 28-Nov. 21, 1925: Cases, 62; Dec. 27, 1925-Apr. 3, 1926: Cases, 51.
Lucerne	Oct. 1-Nov. 30	8		
Do	Jan. 1-31	5		
Zurich	Dec. 27-Jan. 2	1		
Syria:				
Damascus	Apr. 11-20	1		
Trinidad (West Indies):				
Port of Spain	Jan. 1-Apr. 3	12		
Tripolitania	July 1-Dec. 31	34		
Do	Jan. 1-Feb. 28	12		
Tunisia				Jan. 1-Mar 31, 1926; cases, 123.
Tunis	Nov. 21-30	2		
Do	Dec. 11-31	10	1	
Do	Jan. 1-Apr. 20	7	1	
Turkey:				
Constantinople	Mar. 9-23	2	3	
Union of South Africa:				
Cape Province	Jan. 17-23			Outbreaks.
Orange Free State—				
Kuruman district	Jan. 10-16			Do.
Ladybrand district	Dec. 27-Jan. 2			Do.
Transvaal—				
Belfast district	do			Do.
Germiston district	Jan. 2-9			Do.
Pretoria district	Dec. 6-12			Outbreaks. In native compounds.
On vessel	Feb. 21	2		Mexican steamer Montezuma, at Port of Ensenada, Mexico.

TYPHUS FEVER

Algeria:				
Algiers	Nov. 1-Dec. 20	2		
Do	Jan. 1-Apr. 10	13		
Argentina:				
Rosario	Oct. 13-Dec. 31	2		
Bulgaria	Sept. 1-Dec. 31	50	3	
Do	Jan. 1-Feb. 28	112		
Sofia	Dec. 25-31	1		
Do	Jan. 8-14	2		
Canary Islands:				
Santa Cruz de Tenerife	Mar. 8-14	1		
Chile				Dec. 15-31, 1925: Cases, 45. Jan. 1-15, 1926: Cases, 43.
Achao	Dec. 15-31	1		
Do	Jan. 1-15	1		
Ancud	do	2		
Antofagasta	Apr. 11-17	1		
Bulnes	Dec. 15-31	1		
Chillan	do	24		
Concepcion	do	6		
Linares	do	1		
Los Angeles	do	5		
Penco	do	2		
Salamanca	do	17		
San Carlos	do	1		
Talca	do	1		
Valparaiso	Nov. 29-Jan. 2	5	2	
Do	Jan. 3-Mar. 27	4		

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued

Reports Received from December 26, 1925, to June 11, 1926—Continued

TYPHUS FEVER—Continued

Place	Date	Cases	Deaths	Remarks
China:				
Antung	Nov. 29-Dec. 27	5	1	
Do	Jan. 4-Apr. 11	15		
Hongkong	Dec. 27-Jan. 2	1		
Manchuria—				
Harbin	Dec. 17-Feb. 4	3		
Do	Apr. 2-8	1		
Shanghai	Mar. 14-20	1		
Chosen				Jan. 1-31, 1926: Cases, 70; deaths, 7.
Czechoslovakia	October-December	146	1	
Do	Jan. 1-Feb. 28	67		
Egypt:				
Alexandria	Jan. 8-Feb. 25	2		
Cairo	Nov. 5-Dec. 16	3	2	
Port Said	Nov. 19-25	1		
Do	Mar. 12-Apr. 22	2		
Esthonia	Jan. 1-Feb. 28	14		
Finland				October, 1925: 1 case.
France	July-October	4		
Greece				December, 1925: Cases, 12.
Athens	Nov. 1-30	11	2	
Do	Jan. 1-Mar. 31	45	9	
Saloniki	Dec. 29-Jan. 4	1		
Do	Feb. 2-Apr. 19	3		
Hungary				November-December, 1925: Cases, 16. Jan. 1-31, 1926: Cases, 6.
Ireland:				
Cork County—				
Cork	Dec. 26-Jan. 1	2		
Do	Jan. 2-8	5		
Do	May 2-8	1		
Dumanway	Nov. 14	1		
Galway County	Oct. 17	1		
Kerry County—				
Listowel	Mar. 7-13	1		Rural district.
Tipperary County—				
Cashel District	May 9-15	1		
Wexford County—				
Gorey	do	1		Do.
Italy	Feb. 21-Mar. 27	38		
Latvia	October-December	12		
Do	Feb. 1-Mar. 31	20		
Riga	Oct. 1-31	2		
Lithuania				September-December, 1925: Cases, 26; deaths, 1. Jan. 1-Feb. 28, 1926: Cases, 62; deaths, 1.
Mexico				July-September, 1925: Deaths, 90.
Aguascalientes	Dec. 14-19	1		
Do	May 2-8		1	
Durango	Dec. 1-31		1	
Do	Jan. 1-31		1	
Guadalajara	Dec. 8-28		2	
Do	Dec. 29-Jan. 4		1	
Mexico City	Nov. 22-Dec. 26	50		Including municipalities in Federal District.
Do	Dec. 27-Mar. 20	89		Do.
Do	Mar. 28-Apr. 10	11		Do.
Do	Apr. 25-May 1	10		Do.
San Luis Potosi	Feb. 6-13		1	
Tampico	Dec. 21-Jan. 10	1	1	
Torreon	November, 1925		1	
Vera Cruz	Feb. 12		1	
Morocco	August-December	93		
Do	Jan. 1-Feb. 28	130		
Norway				November-December, 1925: Cases, 2.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued

Reports Received from December 26, 1925, to June 11, 1926—Continued

TYPHUS FEVER—Continued

Place	Date	Cases	Deaths	Remarks
Palestine:				
Ekron	Mar. 30-Apr. 5	1		
Gaza	Dec. 18	1		
Haifa	Mar. 16-Apr. 19	2		
Jaffa	Dec. 1-7	1		
Do	Feb. 23-Mar. 1	1		
Nazareth	Nov. 3-9	1		
Ramleh	Mar. 16-22	1		
Safed	Nov. 24-30	1		
Tel-Aviv	do	1		
Do	Mar. 9-15	1		
Tiberias	do	2		
Peru:				
Arequipa	October-December		3	
Do	Feb. 1-Mar. 31		2	
Poland	Oct. 11-Jan. 2	462	44	
Do	Jan. 3-Mar. 27	1,468	114	
Rumania				July 1-Dec. 31, 1925: Cases, 348; deaths, 41. Jan. 1-Feb. 28, 1926: Cases, 324; deaths, 21.
Constantza	Feb. 1-Mar. 10	2		
Russia				May-June, 1925: Cases, 10,680.
Do				July 1-Dec. 31, 1925: Cases, 11,253. Jan. 1-Mar. 31, 1926: Cases, 180.
Tunisia:				
Tunis	Mar. 21-May 10	6		
Turkey:				
Constantinople	Jan. 24-30	3		
Do	Feb. 9-Mar. 31	6	4	
Union of South Africa				October, 1925: Cases, 88; deaths, 7 (colored). Cases, Europeans 7. December, 1925: Cases, 78; deaths, 9. Colored: Cases, 73; deaths, 9. Jan. 1-Mar. 31, 1926: Cases, 200; deaths, 29.
Cape Province	Oct. 1-31	63	5	Colored. Apr. 4-10, 1925: Outbreaks in Mount Currie and Tsolo district.
Do	Nov. 8-Dec. 31	47	8	
Do	Jan. 1-Mar. 31	159	21	
Grahamstown	Jan. 24-30	2		
Kimberley district	Apr. 11-17	1		At Beacons Field location.
Middleburg district	Dec. 6-12	1		European. On farm.
Moltano district	Apr. 11-17			Outbreaks.
Steynsburg district	do			Do.
Natal	Oct. 1-Dec. 5	1		
Do	Jan. 1-Mar. 31	13	1	Colored.
Durban	Jan. 3-Apr. 17	10	1	
Port Shepstone	Apr. 4-10	1		
Orange Free State	Nov. 29-Dec. 5	23	1	
Do	Dec. 1-31	8	1	
Do	Jan. 1-Feb. 28	8	3	Do.
Bethulia district	Dec. 6-12			Outbreaks.
Bothaville district	do	1		Native. On farm.
Transvaal	Oct. 1-31	1	1	
Do	Dec. 1-31	18		
Do	Feb. 1-Mar. 31	9	4	
Johannesburg district	Mar. 1-20	3		
Blce nhof district	Dec. 27-Jan. 2			Outbreak. On farm.
Yugoslavia				Jan. 1-Mar. 21, 1926: Cases, 105; deaths, 18.

YELLOW FEVER

Gold Coast	Sept. 1-Dec. 31	4	3	
Nigeria	August-October	3	2	
Senegal	November, 1925	3	2	